

CONFIDENTIAL

VOLUME III

MEDICAL SERVICES COMMITTEE.

APPENDIX

TO THE

COMMITTEE'S REPORT

QUESTIONS AND SCHEMES CIRCULATED TO
WITNESSES AND CERTAIN PAPERS PLACED
BEFORE THE COMMITTEE

April 1919.



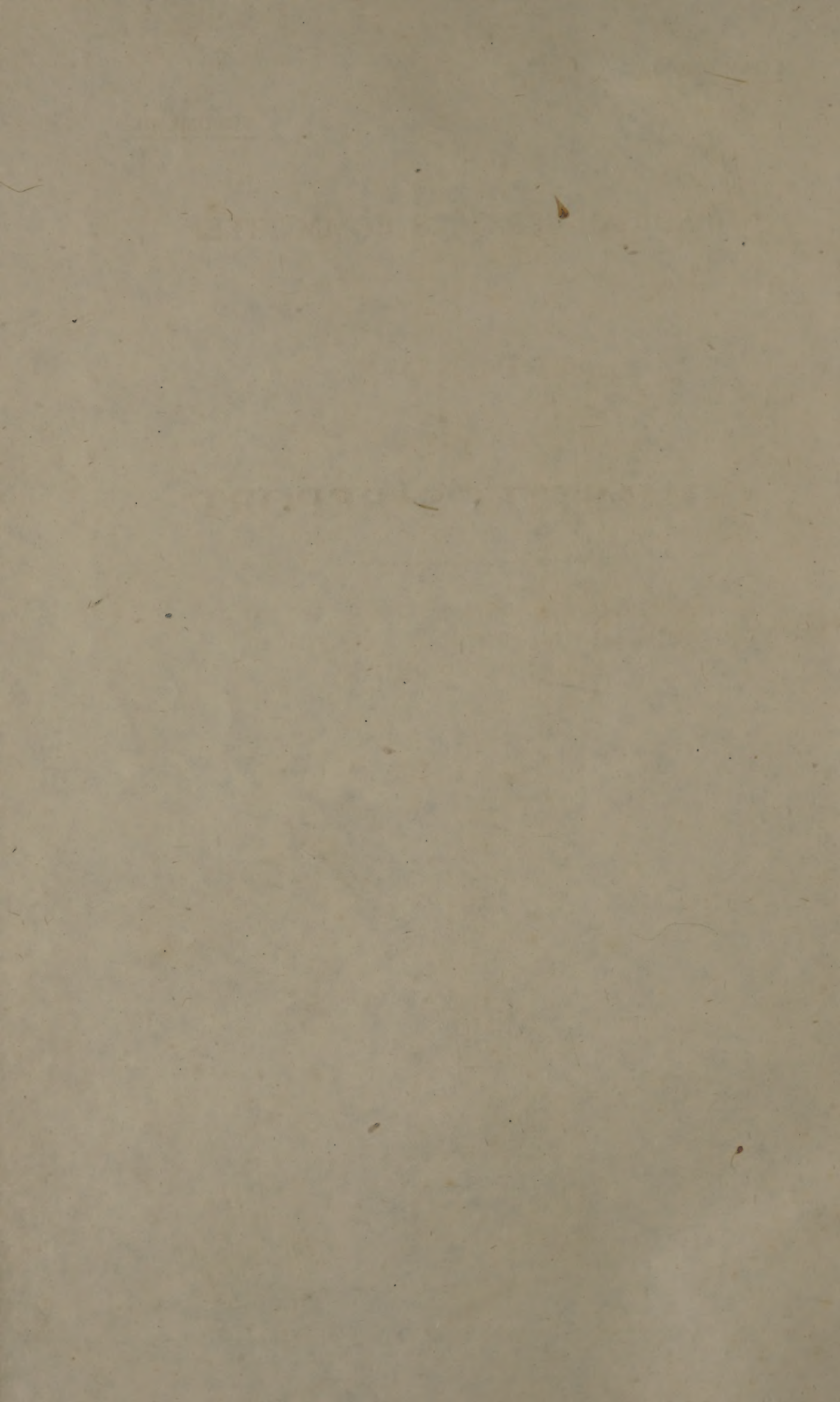
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1920

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REPORT OF THE MEDICAL SERVICES COMMITTEE.

Volume I.—The Report and Annexures.

Volume II.—Minutes of evidence.

Volume III.—Questions and schemes circulated to witnesses, and certain papers placed before the Committee.

CONTENTS.

	PAGE.
Lists of questions circulated to witnesses—	
I. Questions for witnesses	1
II. Questions for service officers	1
III. Special questions	2
IV. Questions regarding the Medical Store Department	2
V. Questions to be asked of officers, regarding assistant surgeons and sub-assistant surgeons	2
VI. Questions for military assistant surgeons	3
VII. Questions for civil assistant surgeons	4
VIII. Questions for military and civil sub-assistant surgeons	5
IX. Questions for representatives of local governments	5
Schemes prepared by the Committee to form a basis for discussion, and circulated to witnesses and local governments—	
Scheme A	7
Scheme B	10
Scheme C	15
Scheme D	22
Debate, on the 5th March 1918, in the Imperial Legislative Council, on a resolution regarding the formation of a civil medical service, moved by the Hon'ble Mr. Srinivasa Sastri	26
Private memorandum presented, in February, 1918, to the Right Hon'ble the Secretary of State for India by Surgeon-General W. R. Edwards, C.B., C.M.G., Director-General, Indian Medical Service, Colonel H. F. Cleveland, C.I.E., I.M.S., Lieutenant-Colonel H. Austen Smith, C.I.E., I.M.S., and Lieutenant-Colonel R. A. Needham, D.S.O., I.M.S., and submitted in evidence before the Medical Services Committee by Major-General Edwards, Lieutenant-Colonel Austen Smith and Lieutenant-Colonel Needham, I.M.S.	41
Proposals for the re-organization of the medical services in India, prepared, in February, 1918, by officers of the Indian Medical Service serving in Bombay	52
Proposals for the re-organization of the medical services in India prepared, in February, 1918, by officers of the Indian Medical Service serving in Karachi	54
Extract from a memorandum, dated the 24th May, 1918, submitted to the Government of the United Provinces, by 21 non-official members of the United Provinces Legislative Council, containing their views on the report of the Royal Commission on the Public Services in India	55
Memorial, dated the 13th November, 1917, regarding a scheme of reforms for the medical services in India submitted to His Excellency the Viceroy by the Bombay Medical Union	56
Minutes of proceedings at a deputation to the Secretary of State for India from the British Medical Association, received at the India Office, London, on the 27th June, 1918	57

LIST OF QUESTIONS CIRCULATED TO WITNESSES.

I. QUESTIONS FOR WITNESSES.

1. What defects have you noticed in the organisation of the Royal Army Medical Corps and the Indian Medical Service in India? Does any one of the attached schemes, which are suggested with a view to remedying existing defects, commend itself to you, and if so, which and why?

2. Do you consider that the scheme which you commend will meet with the approval of the War Office, and that it will meet the needs of the army in India? Have you any criticisms to make in either connection?

3. Do you consider that the scheme which you prefer will attract a good stamp of recruits and meet the demands of professional opinion in England and in India? If the scheme which you prefer fails in either respect, how would you remedy such failure?

4. What has been the result of withdrawing European medical officers from charge of troops, civil districts and jails in India?

5. Will the scheme which you recommend meet the needs of the civil administration in India? To what extent would it be affected by needs occasioned by war on a large scale?

6. Would the scheme which you recommend give a sufficient and efficient reserve for military purposes? If not, how would you supplement it?

7. Do you consider that it is necessary to have a medical service reserve for war previously trained in military work, and must such reserve be always actually present in India?

8. How far has the Indian Medical Service reserve (civil side) proved of value in the war?

9. What system of recruitment and education do you recommend as desirable for medical officers in connection with the scheme which you prefer?

10. Have you any suggestion to make as to the grant of special leave for study or as to prescribing periods of study?

11. Have you any suggestions to make as regards the provision of a special department for research?

12. How far has private practice declined in the case of officers of the Indian Medical Service in civil employ? If it has declined what are the reasons?

II. QUESTIONS FOR SERVICE OFFICERS.

1. How long have you been in military service and how long in civil service?

2. Have you any substantial cause for complaint or discontent?

3. Have you met with any instances of friction between the Royal Army Medical Corps and Indian Medical Service?

4. Have you any improvements to suggest which would neutralize grievances or friction?

5. What do you consider as the limit of service that should be fixed for—

(a) transfer from military to civil employment, and

(b) transfer from civil to military.

III. SPECIAL QUESTIONS.

1. How far do you think that the demands of European members of the public services for European medical attendance on themselves and their families are based on purely racial predilection, and how far are they based on the comparative professional merits of doctors educated entirely in the United Kingdom and those educated partly or entirely in India?

2. Have Europeans been satisfied with the medical treatment received from Indian substitutes for European medical officers withdrawn from the charge of troops or civil districts? If not, how have they met the difficulty?

3. What would you say as to the efficiency of Indian medical officers of the various grades? Have such officers improved or deteriorated in efficiency in recent years?

IV. QUESTIONS REGARDING THE MEDICAL STORE DEPARTMENT.

1. From what sources are stocks of drugs and instruments of local and civil dispensaries and civil hospitals, not wholly supported by Government, in your province replenished by (a) annual and (b) emergent indent?

2. With whom does the responsibility for indenting rest? Would it be a convenience if the Government Medical Store Depôts were made the sole source of supply except for urgent demands? Would there be any objections to an arrangement which should ensure an equal standard in quality, reduction in cost owing to purchase in the market in bulk, to increased manufacture in India, and to economy in freight and incidental charges?

3. Have you any suggestions to make in connection with the working of the medical store depots as it has come within the range of your experience?

V. QUESTIONS TO BE ASKED OF OFFICERS, REGARDING ASSISTANT SURGEONS AND SUB-ASSISTANT SURGEONS.

Only such questions to be answered as come within the personal knowledge of witnesses.

1. What form of bond is prescribed in the province? Has any alteration been made in it during the war? If not, what change do you recommend? To what extent has it been found possible to enforce the conditions at present laid down?

2. Would it be possible to make the bond renewable before the expiration of the first five years, and if so, up to what period of service?

3. Do you consider the conditions of service satisfactory, and if not, how would you amend them?

4. To what extent could the province supply assistant surgeons and sub-assistant surgeons for military work without a serious dislocation of the medical and sanitary services? Could the number employed be advantageously increased? If so, in what directions and to what extent? How far was there dislocation of the medical services during the war owing to the withdrawal of men for military work?

5. Is it desirable to require civil assistant surgeons to sign an agreement to serve in the military department in case of necessity? If so, up to what period in their service would you make it a condition of service?

6. Are the ordinary medical requirements of the general population and of the State satisfactorily met by present arrangements—what improvements do you recommend? Would any change in the matter of control or super-

Civil sub-assistant
surgeons.

Civil assistant
surgeons and sub-
assistant surgeons.

Civil assistant
surgeons.

vision be to the advantage of the people as regards efficient medical treatment, or to the medical staff as regards a proper standard of professional rectitude?

7. What do you consider will be the proper position of the military sub-assistant surgeon in connection with the introduction of the Indian station hospital system? Will he adequately fill the place of a resident medical officer and how far can he be employed in work outside the hospital?

Military sub-assistant surgeons.

8. Is his training such as is required for military purposes, and if not, what changes would you recommend?

9. How did the military sub-assistant surgeon compare with the civil sub-assistant surgeon during the war, as regards (i) military work, and (ii) professional efficiency?

10. Is there any field for employment of civil assistant surgeons and civil sub-assistant surgeons in military hospitals? Could they be utilised in connection with the increased requirements for medical relief in Indian station hospitals, having in view the possibility of their forming a war reserve in the civil department?

Assistant surgeons and sub-assistant surgeons.

11. Have you any suggestions to make in connection with their conditions of service?

Sub-assistant surgeons.

12. Is the rôle now filled by the military assistant surgeon in a British station hospital necessary? Could he be replaced by a non-professional trained man, and if so, how? Would his displacement necessitate any increase in the cadre of the Royal Army Medical Corps? How would the work he performs as a resident medical officer be carried out?

Military assistant surgeons.

13. To what extent did the military assistant surgeon relieve the demand for medical men during the war in (a) the military and (b) the civil department?

14. If not required for work in British military hospitals, can you suggest a field for his employment?

15. Do you consider that as at present educated no further recruitment of his class should take place?

16. Would you be in favour of continuing to recruit the military assistant surgeon class if his education was raised to the standard required to obtain a qualification registrable in the United Kingdom?

17. If educated as suggested how would you employ him?

18. Have you any suggestions to make in connection with his conditions of service?

VI. QUESTIONS FOR MILITARY ASSISTANT SURGEONS.

Only such questions to be answered as come within the personal knowledge of witnesses.

1. If the Government decide to raise the standard of preliminary education before admission of military pupils to the medical colleges with a view to permitting military assistant surgeons to obtain a degree or qualification registrable in the United Kingdom, what effect will this have on the recruitment of the military assistant surgeon class? *Note*: such a procedure would involve a five years' course in the colleges.

2. If the Government were to decide to offer to assistant surgeons already in the service facilities for study to enable them to obtain registrable qualifications in the United Kingdom, to what extent do you consider that military assistant surgeons would take advantage of the concession? *Note* what specific facilities would you suggest should be afforded by Government.

3. If the Government decide on a unification of the medical services in India, would you be prepared to serve with Indian troops and in Indian station hospitals as a warrant officer? Or do you consider that only such military assistant surgeons as possess qualifications registrable in the United Kingdom should serve with Indian troops in the proposed unified service as commissioned officers?

4. Would you be prepared to agree to the abolition of honorary rank in the senior grades amongst those military assistant surgeons who have no registrable qualification, if substantive rank in the Indian Medical Corps were given to those who have qualifications registrable in the United Kingdom?

5. Do you consider study periods important to your branch of the service? If so, how should study periods be taken (a) in the United Kingdom, (b) in the existing medical colleges in India, and (c) in the proposed new military medical college in India?

6. If the provincial governments were to throw open more civil appointments to military assistant surgeons, what would be the effect upon your service generally?

7. Should the warrant officers and non-commissioned officers and men of the Royal Army Medical Corps be introduced into British station hospitals in India, what effect do you consider it would have on your position in those hospitals?

8. Are you satisfied with your existing pension rules?

9. Are you satisfied with the provision that is made by Government or by yourselves for widows and orphans of military assistant surgeons?

10. Does any specific disability exist in your department which needs the attention of this Committee (pay and allowances are not to be discussed)?

11. Do you consider your scope for professional work is limited in British station hospitals, and if so, what remedy would you suggest?

12. Do you think that the military assistant surgeon branch of the Indian Medical Department, at the present time, attracts or does not attract the best of that class of young men which it might attract in altered circumstances?

13. Have you any suggestions to make regarding the present method of recruiting for your service?

14. Have you any suggestions to make regarding the curriculum in the medical colleges?

15. As warrant officers have you any difficulty at present in connection with the maintenance of discipline in British station hospitals?

VII. QUESTIONS FOR CIVIL ASSISTANT SURGEONS.

Only such questions to be answered as come within the personal knowledge of witnesses.

1. If the Government decide on a unification of the medical services in India, would you be prepared to serve with Indian troops and in Indian station hospitals?

2. Are you satisfied with your existing pension rules?

3. Are you satisfied with the provision that is made by Government or by yourselves for widows and orphans of assistant surgeons?

4. Does any specific disability exist in your department which needs the attention of this Committee (pay and allowances are not to be discussed)?

5. Do you think that the civil assistant surgeon department at the present time attracts or does not attract the best of that class of young men which it might attract in altered circumstances?

6. Have you any suggestions to make regarding the present method of recruiting for your service?

7. Should the local government decide to throw open civil appointments to a larger number of military assistant surgeons, do you think such appointments would be popular and how would they affect your service?

8. If Government propose that all civil assistant surgeons should undergo a course of military training and be called to military employment in case of war, would this be popular in your department and would it affect recruiting?

VIII. QUESTIONS FOR MILITARY AND CIVIL SUB-ASSISTANT SURGEONS.

Only such questions to be answered as come within the personal knowledge of witnesses.

1. Are you satisfied with your present position as an Indian warrant officer? If not, give reasons.
2. Do you consider that study periods would be important to your branch of the service, and if so, should they be taken in (a) existing medical colleges and (b) a proposed new military medical college in India?
3. Should the local governments decide to throw open civil appointments to a large number of military sub-assistant surgeons, do you think such appointments will be popular and sought after?
4. Do you consider that military and civil sub-assistant surgeon pupils should have a higher preliminary school or university qualification than they do at present?
5. What will be the effect, on recruiting for the military sub-assistant surgeon and civil sub-assistant surgeon classes, of demanding a security deposit of money before commencing training: which deposit would lapse to Government if the sub-assistant surgeons fail to complete the necessary five years' service?
6. Is the bond now signed satisfactory, under which civil sub-assistant surgeons may be drafted to military employ during or after five years' civil service?
7. Is service with the army under present conditions satisfactory to civil sub-assistant surgeons, and if not, what remedies do you suggest?
8. If Government propose that all civil sub-assistant surgeons should undergo a course of military training, will this be popular in your department, and will it affect recruiting?
9. Are you satisfied with your present scale of pensions?
10. Do you consider that there should be a scheme of pensions for widows and orphans of both military and civil sub-assistant surgeons; if so, would the sub-assistant surgeon be prepared to contribute?
11. Are there any other specific disabilities in your service which you desire to bring to the notice of the Committee?
12. Have you any suggestions to make regarding the present method of recruiting for your service?
13. As warrant officers have you any difficulty at present in connection with the maintenance of discipline in regimental or Indian station hospitals?
14. What would be the effect on the civil sub-assistant surgeon service of the wearing of uniform and other military privileges and disabilities that would affect sub-assistant surgeons if they were brought under the Army Act when serving in military employ?
15. What would be the effect on the civil sub-assistant surgeon service, and on recruitment for that service, of making field service in time of war one of the conditions before employment in the civil medical service?

IX. QUESTIONS FOR REPRESENTATIVES OF LOCAL GOVERNMENTS.

1. How would your Government view the compulsory military training of some portion of their civil assistant and civil sub-assistant surgeon cadres? Would your Government be content to continue to give Indian Medical Service military officers all superior appointments, if they were permitted to choose outsiders themselves for special appointments when they wish to do so?

2. How do your Government view the question of the increase of officers in superior appointments in the civil cadre (1) from the Indian Medical Service, and (2) from outsiders?

3. Are they prepared to make it a condition of appointing an outsider that the officer should belong to the second reserve? Are they prepared to make it compulsory if he is an Indian? Does your Government consider that military medical officers are *ipso facto* better in the superior appointments than purely civilian doctors?

4. In view of what has happened during this war in the admitted failure of Indian practitioners of standing and of senior civil assistant surgeons to come forward to form an army medical reserve, does your Government consider that in the future a reserve could be formed from the independent profession on reasonable terms?

5. Have your Government found that the present leave reserve in civil employ is numerically sufficient to ensure that medical officers get all the leave which is due to them under the Civil Service Regulations, and also the study leave.

6. What do you think of the idea of giving free treatment to the families of all civil officers in the outlying districts of the province?

7. What do you think of giving free hospital treatment in selected centres to the families of all the officers in the various civil services?

8. Would you be in favour of appointing two or more travelling consultants and travelling medico-legal experts in the province?

9. In order to meet the requirements of the army medical officer, it is considered necessary that long periods of civil employ, without connection with the army, should cease, and that all military medical officers in civil employ should return to the army for periodical periods of service and military training. Would your Government be prepared to allow the Indian Medical Service officers in civil employ (except those in residual or indispensable appointments) to return, for one year at the end of each 5 years, to the army? Do you consider that such a return to army employment would dislocate civil work to such an extent as to render such a scheme unacceptable?

10. How would you arrange in your province to meet the legitimate aspirations of Indian graduates towards a larger share in the superior civil and superior medical educational appointments, with the constantly expressed desire of the European officers of the civil service that they and their families might be in a position to always obtain in all parts of the district the services of a European doctor?

11. Has there been in your province any falling off in the quantity or in the quality of the civil medical work done since the Indian Medical Service officers were recalled to military duty and their civil duties handed over largely to civil assistant surgeons?

SCHEMES PREPARED BY THE COMMITTEE TO SERVE AS A BASIS FOR DISCUSSION AND CIRCULATED TO WITNESSES AND LOCAL GOVERNMENTS.

SCHEME A.

SCHEME FOR A UNIFIED MILITARY MEDICAL SERVICE FOR INDIA, WITH A CIVIL MEDICAL SERVICE AS A RESERVE.

I.—THE UNITED MILITARY MEDICAL SERVICE.

(a) Royal Army Medical Corps only.

The unified military medical service for India shall be entirely Royal Army Medical Corps, supplemented, for the purposes of the Indian Army, by an auxiliary corps, recruited from Indians and Anglo-Indians, whose liability for service outside India to be the same as for the Indian Army. These will replace the Indian Medical Service gradually, and will supply all the military medical needs of the country, and a proportion of the civil government needs. The unified military medical service will be entirely under the control of the Commander-in-Chief in India and his staff officer, the Director of Medical Services.

(b) Officers—Recruitment, etc.

The recruitment for the European officer personnel to be as at present in the Royal Army Medical Corps, and for the auxiliary corps as for the Indian Medical Service. The present serving Indian Medical Service officers in military employ to be disposed of as follows:—

(i) European Indian Medical Service officers to be transferred to Royal Army Medical Corps in their rank and seniority at the time of transfer, if they are desirous of transfer and have not more than 15 years' total service. Future promotion, conditions of service, pay and pensions to be as for Royal Army Medical Corps, with the proviso that the pensions of transferred Indian Medical Service officers shall be calculated so as to include a proportionate sum in the total pension which would represent what they had earned in their years of service in the Indian Medical Service.

(ii) European officers of the Indian Medical Service, not desirous of being transferred, and those above the prescribed term of service, to remain seconded with the Royal Army Medical Corps, or transferred to civil. None of these to be penalized in pay, promotion, or pension, and to have all the benefits of military and civil appointments in India, the same as those who have transferred. They would remain seconded with the Royal Army Medical Corps or transferred to civil till time for their retirement arrives.

(iii) Indian and Anglo-Indian officers of the Indian Medical Service to be given the option of transfer to the new Indian auxiliary corps proposed.

(c) Terms of Service.

For the unified military medical service as at present for Royal Army Medical Corps but pay and allowances in India to be on the same scale as contemplated for the present Indian Medical Service.

(d) Promotion.

The terms for promotion to be the same as at present hold in the Royal Army Medical Corps, including the post-graduate instruction and examinations at the Royal Army Medical College for the rank of major.

The same rules to apply to the seconded Indian Medical Service officers.

(e) Hospitals.

The station hospitals to be combined hospitals, British and Indian, under one commanding officer, with a staff commensurate with the dimensions of the hospital.

(f) Nursing Service.

The present Indian Nursing Service to be amalgamated with the Imperial Nursing Service. The ladies at present in the former being transferred into the latter if they so desire. Those who do not desire to be transferred will remain under the present conditions of their service as regards pay, pensions, promotion and appointment. The question of pensions for those who have transferred to be adjusted according to the length of time they have spent in the Indian Nursing Service.

The members of the Imperial Nursing Service to serve in India for periods of five years, as is now done in the other parts of the Empire. They will be available for all duties in the combined station hospitals.

Each hospital to have a fixed establishment of nurses in the usual grades as is customary in hospitals in the United Kingdom.

(g) Subordinate personnel.

To consist of the following:—

1. Sub-assistant surgeons.
2. Royal Army Medical Corps other ranks of the nursing section including a due proportion of warrant officers and non-commissioned officers. The latter two categories to be responsible for the discipline amongst the patients in hospital as regards British troops. The sub-assistant surgeons and the various ranks in the contemplated Indian Hospital Corps to have the same functions in the Indian portion of the hospital.
3. The contemplated Indian Hospital Corps, as well as the sub-assistant surgeons to form an Indian section of the Royal Army Medical Corps.
4. Till the present necessity ceases all the menial work in the hospitals to be performed by the attached section of the Indian Hospital Corps, including cooks, but there should be one or more master cooks in each hospital from the Royal Army Medical Corps.

(h) Pay and promotion for subordinate ranks.

(i) As regards the Royal Army Medical Corps personnel—as at present pertains in the corps, with extra pay for service in India.

(ii) As regards the sub-assistant surgeons and all classes of Indian Hospital Corps—as at present.

(i) Periods of service in India for Royal Army Medical Corps personnel.

Each tour of service for Royal Army Medical Corps personnel to be for five years, extensible to seven. This will, of course, not apply to the auxiliary corps.

(j) Consulting Surgeons and Physicians.

In addition to the officers mentioned above, which includes specialists, there should be a number of consulting physicians and surgeons, specially appointed from both England and India, for a limited period. Their duty would be to visit the various station hospitals to assist, with advice, the medical officers in their treatment of cases, and also to instruct in the latest methods of the treatment of sick. It is suggested that there should be one of each category in each Command, with a proviso that there are not less than a total of six.

II.—THE CIVIL MEDICAL SERVICE.

The civil medical service to form a war reserve for the military medical service, with certain restrictions.

(a) Officer personnel.

The officer personnel to consist of three categories in definitely fixed proportions, as follows :—

1. Officers of the Royal Army Medical Corps seconded for civil employment in the proportion of, say 10 per cent. of the Civil Medical Service. The period of seconding to be limited to five years, with an interval between each period, of at least one year in military employment, preferably in the United Kingdom.

No Royal Army Medical Corps officer to be seconded for service in civil employment until he has attained five years' service and has passed an examination in the vernacular.

2. Direct admission, by open competition, to European medical men, who would form a part of the permanent whole time service, except as detailed below.

3. Direct admission, by the same open competition, to Indian medical men, who would also form part of the whole time service, except as stated below.

4. The two classes mentioned in 2 and 3 would have to conform, before competing, as regards degrees and qualifications, to the standards at present accepted for the Indian Medical Service.

5. Also as regards the two classes, 2 and 3, before proceeding to India to take up their appointments they would have to go through a course in military medical subjects at the Royal Army Medical College, Millbank, and at the depot, Royal Army Medical Corps.

They will also on arrival in India be obliged to perform six months' duty at a station hospital, and at the end of each succeeding five years' service be obliged to go through a further period of not less than six months' duty at a station hospital, or some other form of military training.

During these periods of military duty or training they will be granted temporary military rank in accordance with their grading in the civil medical service which is detailed below.

6. The two higher grades in the civil medical service to be filled by selection from all three categories by the Government of India.

7. The civil medical service to hold all civil medical appointments, including the Jail, Sanitary, Bacteriological and Chemical Departments, as at present.

8. All officers in the civil medical service to be graded in five grades, the 5th grade being the lowest and the 1st the highest. Promotion to the two higher grades being entirely by selection, and to the third grade after a period spent in the United Kingdom at post-graduate classes. The grades in the civil medical service to carry a corresponding temporary military rank as follows :—

2nd grade . Lieutenant-Colonel.

3rd ,, . Major.

4th ,, . Captain.

5th ,, . Lieutenant.

9. The seconded Royal Army Medical Corps officers will retain their rank up to and including that of lieutenant-colonel.

10. After attaining grade 1, or conceivably grade 2, civil medical officers will cease to be available for military service.

11. The Director-General, Civil Medical Service, is to be the responsible head of the civil medical service and, under the Government of India, make all promotions and appointments in that service.

Points of the scheme.

1. It is a genuine unification in that instead of creating a new local corps, it expands an existing Royal corps which at present provides for the military medical needs of the rest of the Empire.

2. It provides an adequate reserve for India of medical personnel, and yet at the same time does not make civil employment to the majority of its members the sole attraction for entering it, and also that it provides an attractive military career.

3. It abolishes one of the great drawbacks to any local corps, by compelling its personnel to leave India at stated periods. It is well known that prolonged residence in India is destructive of health, and consequently energy, and by a loss of comparison with western military medical arrangements there is a loss of ideals, and gradually through the pressure of Indian inertia, added to the above, an adoption of the line of least resistance, which is destructive of progress.

SCHEME B.

The committee has to determine, as early as possible, the lines upon which it is advisable to provide a State Medical Service which shall undertake the care of British and Indian troops in time of peace, give an adequate reserve for war purposes, meet with the approval of the Government of India, satisfy the requirements of the War Office and prove to be acceptable to provincial governments, as well as to meet the demands and aspirations of Indians. This proposed unified service for India should have such an elastic constitution that it will not only meet the growing needs of India but, at the same time, not be opposed to the growth of an independent medical profession in India. The committee should, if possible, find a place in the war reserve for private practitioners in India. It is also worth considering whether private practitioners might not be in some way or other induced to take a part-time share in some of the work which is now wholly in the hands of the Government services.

2. *Ratio per mille.*—It seems quite clear that the total cost of a unified service must necessarily be greater than the cost at the present day of the Royal Army Medical Corps and Indian Medical Service, because reforms and expansion are urgently needed in the Indian Medical Service, and because a considerable addition must be made to the Indian Medical Service in order to raise the proportion of Indian Medical Service officers serving with the Indian Army from the present percentage of 1·2 per mille to 3 per mille of its strength. The percentage calculated for British troops remains at present 4 per mille.

3. *More officers in civil employ.*—I foresee also that a larger Indian Medical Service may entail a larger number of officers in civil employ. It will therefore be a matter for local governments to decide whether they are willing to find appointments for a larger number of commissioned officers in civil employ in times of peace or it will be necessary that the Government of India in the Army Department should arrange to partly finance a scheme in which a larger number of commissioned officers are seconded to civil employ.

4. *Size of the new Service.*—If these terms are agreed to it will be comparatively easy to form a unified medical service. There were in India before the war 320 Royal Army Medical Corps officers serving, 269 Indian Medical Service officers serving on military duty and 398 Indian Medical Service officers employed by the local governments on civil duties. If the percentage of Indian Medical Service officers is raised to 3 per mille for the Indian Army, the number of Indian Medical Service officers required to supply medical officers for an Indian Army (including followers) of the same strength as that which existed prior to the war will be 450. The unified medical service, which is now proposed, would therefore consist (for an army strength such as existed before the war) of (roughly) one thousand Indian Medical Service officers and 320 Royal Army Medical Corps.

5. *Percentage of ranks of Royal Army Medical Corps.*—The formation of a unified service which seems to be the most suitable is one in which a considerable number of Royal Army Medical Corps officers should be seconded from the Royal Army Medical Corps into the Indian Medical Service for five year periods of duty in India. This scheme does not necessarily imply that

exactly the same number of each army-rank as were employed in India before the war should be seconded into the proposed Unified Service. The numbers eventually required of officers from the Royal Army Medical Corps to be seconded into the Indian Medical Service will depend on many factors, and it would seem unnecessary at this stage to define exactly the absolute numbers of the various ranks required.

6. *Royal Army Medical Corps volunteers.*—It is also a matter for discussion whether supposing a unified service is formed the Royal Army Medical Corps officers should be given immediate opportunity of volunteering to join the unified service. The numbers to be seconded will at first probably depend upon the number of officers who volunteer for transfer from the present existing strength of the Royal Army Medical Corps to the new Indian Medical Service. It is desirable to encourage such transfers in the initial stage in order to maintain the European proportion in the expanded cadre. Large numbers of the Royal Army Medical Corps serving in India might volunteer to transfer bodily to the new Indian Medical Service. The Committee will have to decide what number of the Royal Army Medical Corps will eventually be seconded, and what number will be permitted to come over into the new unified Indian Medical Service. It would only be fair, when a unified Medical Service is in course of construction, that those military assistant surgeons who already possess registrable European qualifications should be permitted to join the unified service as officers. Entrance to the Indian Medical Service otherwise than by transfer from the Royal Army Medical Corps shall be obtained by an open competitive examination in the United Kingdom. The standard of medical education demanded for competition may be as at present, with the proviso that as medical degrees and qualifications gained in India, do not, in all cases, represent the result of a complete medical education, the Government of India should be approached with the view of instituting scholarships for Indian medical students and members of the domiciled community, selected by the Government of India, to enable them to proceed to the United Kingdom to complete their education and social training. Such scholarships to be tenable for at least two years prior to competing for the unified Indian Medical Service.

7. *Percentage of administrative appointments.*—Before the war the number of administrative appointments held by the Indian Medical Service was greater per 100 than that held by the Royal Army Medical Corps serving in India. It would be necessary to retain for the large unified Indian Medical Service the same number of the administrative appointments per cent as was held by the original Indian Medical Service. This procedure would possibly cut down slightly the number of administrative appointments held by the seconded officers of the Royal Army Medical Corps. It does not seem necessary to decide at the present day the exact number; the committee may possibly decide that administrative medical officers will in future be supplied entirely from the unified Indian Medical Service.

8. *The Director, Medical Service's appointment.*—It cannot be denied by any one who takes an unbiassed view of the present situation in the Indian Medical Service that the fact that the appointment of Director of Medical Services in India has, without any constitutional reason, and indeed in spite of the existing rules, been always held by a Surgeon-General of the British Service, is undoubtedly the root cause of much of the discontent in the Indian Medical Service. I submit that it should be clearly laid down by this committee that the post of the Director of Medical Services, India, *should ordinarily be held* by an officer from the unified service, although if an exceptionally brilliant officer was to be found in the Army Medical Service or if from any other reason the *Government of India* consider it necessary to appoint an Army Medical Service officer, such exceptional procedure might be adopted. It may help those members of the committee who do not belong to the Indian Medical Service to realise the position which has given rise to the discontent in the Indian Medical Service if they would consider what would happen to the Indian Army if the Commander-in-Chief was invariably selected from the British Army or what would be the reception which would be given to a suggestion that the Director-General of the Royal Army Medical

Corps should always be selected from the Indian Medical Service or, to turn to smaller matters, to consider how the *esprit de corps* of a regiment would suffer if the Commanding Officer was always brought in to the command of a regiment from a different regiment.

9. *Pay and allowances.*—Assuming that a unified Indian Medical Service has been formed, it will be necessary to provide that all the seconded officers of the Royal Army Medical Corps should, whilst in India, draw the same pay and allowances as those of the unified Indian Medical Service. Nothing leads so much to jealousy, friction and trouble as the existence side by side in India of Medical Officers of two different Services drawing two different scales of pay. Should the Committee consider that the grant of similar pay to all officers too greatly favours the seconded officers it might be laid down that the rates of pay of the seconded Royal Army Medical Corps officers and those of the unified Indian Medical Services should be assimilated as far as possible.

10. *Language examinations.*—It would also seem necessary that seconded officers should within a year of their arrival in India, pass an examination in Hindustani and that they should be encouraged to pass the higher examinations in the various Indian languages. This examination should be very largely of a technical and professional nature.

11. *Pensions.*—The pensions of the Royal Army Medical Corps and that of the Indian Medical Service are, at present, very different. It ought not to be beyond the capacity of the Committee to work out a scale of increased pensions for those Royal Army Medical Corps officers who elect, at sometime before they have 10 years' service to their credit, to join the unified Indian Medical Service.

12. *Anomaly of military promotion from civil.*—One of the anomalies of the present Indian Medical Service consists in the fact that Indian Medical Service officers who have been employed for many years in civil employ are still eligible for military promotion and for military employment. The small amount of military training for A.D.M.S. appointments which is now given to civil officers is recognised by everybody to be totally inadequate. It will therefore be necessary in the future unified Medical Service for an officer to decide, at some period of his career, whether he wishes to accept military or civil promotion.

13. *Residuum appointments in civil employ.*—There are 506 officers in civil employment in India in the present Indian Medical Service. The holders of some of these appointments are for all practical purposes lost to the army. The officers holding '*residuum*' appointments can never be called back to military service because the local governments under whom they are employed consider that they are *indispensable*. These appointments are not all held by very senior officers, nor in the nature of things can they nor should they always be held by very senior officers. It will therefore not be possible nor advantageous to the State to allow this residuum of Indian Medical Service officers in permanent civil employ to consist only of very senior officers but it should be laid down by this Committee that if an Indian Medical Service officer of the unified Service obtains one of these appointments (permanently) he shall be considered (whatever his rank may be) as lost to the army.

14. *Rank of Surgeon-General with Government and of Inspector-General of Civil Hospitals.*—Having already stated that the civil governments should no longer be in a position to grant army promotion to Indian Medical Service officers who elect to remain in the '*indispensable*' appointments in civil employ, the Committee will have to decide whether a lieutenant-colonel of the new Indian Medical Service whom the local governments desire to appoint to be the Local Administrative Officer of the provincial medical service should remain a lieutenant-colonel, Indian Medical Service, or whether army promotion to the rank of full colonel should be permitted to such officers. I think that most members of the present Indian Medical Service consider that it will be quite possible for a lieutenant-colonel, Indian Medical Service, who is selected by the civil government to be the administrative officer of a province should remain (as far as army rank is concerned) a lieutenant-colonel, but it

would not do to cut off such officers from the extra pay and the extra pension which is now granted to inspectors-general of civil hospitals and surgeon-generals with the provincial governments. The exact position of the Director-General, Indian Medical Service, will also need to be defined.

15. *Seconded officers.*—It seems best that it should be laid down that an officer of the unified Indian Medical Service should be permitted to be seconded to civil employ after five years' total service, but that, if he has not obtained one of the permanent *indispensable residuum* civil posts by the time that he has 20 years' service, he should no longer be eligible for any civil post. Exception might be made for those officers who, though professionally competent, were physically unfit for military duty. I have several times known a medical officer who as a doctor or as a scientist was efficient and active but who had no chance whatever of being passed by a medical board as fit for military employ. This Committee should modify the proposed hard and fast 20 year rule so as to allow of the retention in the service of such officers.

16. *No Indian Civil Medical Service advisable.*—It is true that the Royal Commission on the Public Services in India recommended the formation of a definite Indian Civil Medical Service quite unconnected with the army, and seemed to consider that it was not fair on the local governments and not right and proper that the army reserve should be normally employed by the civil government. The Hon'ble Mr. Chaubal in his minute of dissent, goes so far as to say "I cannot contemplate with equanimity an arrangement under which the Civil Medical Administration is perpetually to be dependent on military requirements." If the Commission had reported in 1919, at the end of the great war and if Mr. Chaubal had written his minute of dissent at the present day, I feel certain that the formation of a Civil Indian Medical Service, totally independent of the Military Indian Medical Service and totally without military training of any kind, would *not* have been recommended. The fact that we have now some 800 temporary commissioned officers in the Indian Medical Service proves, as nothing else could prove, that so far from limiting the war reserve of the Indian Army by creating an Indian Civil Medical Service and by the cessation of the practice of allowing military medical officers to be seconded into civil employ, it is most necessary in our present scheme to form in addition to the usual cadre of civil employment something of the nature of a Militia or of a Special Reserve from the private practitioners and assistant surgeons who up till now have not been considered part of the army reserve and have not received any military training. I hold very strongly that it is part of our duty to devise a scheme which will give opportunities to purely civil practitioners and to English-registrable-qualified-civil-assistant-surgeons of undergoing some form of military medical training. These men (and you may indeed include women) would form a valuable reserve. They should be given a retaining fee or bonus and should also undergo periodic medical military training.

17. *Advisory Board.*—Specialization in the medical profession has reached such a pitch that the time has arrived when the power of appointment to special scientific and educational appointments should be removed from the hands of the local governments, or at any rate that their power of appointment should be limited by the recommendation which they will receive from an Advisory Board of medical officers serving under the Government of India. The proposed board might be large enough to be capable, not only of advising local governments on the question of sanitary, scientific, or professorial appointments, but also might deal with promotion to the higher ranks. There seems little doubt that the service suffers, at present, in the matter of these appointments, by the fact that they may be made without reference to the Director-General, and by the fact that the cadre of each local government is so small that it is often impossible for the local government to fill an appointment in a satisfactory manner from amongst that portion of the Indian Medical Service which, for the time being, happens to be serving in the civil employ of that government. It is possible that it might be better to have two boards of medical officers serving under the Government of India,

one as an Advisory Board to local governments in matters of specialized appointments, and the other, not a purely medical board, but a board composed of military officers as well as military medical officers, to deal with the question of promotion to the administrative grades. One of the worst features of the present Indian Medical Service is the fact that a medical officer may remain for many years in civil employ without any systematic military medical training or indeed without any military experience at all, but be called up suddenly on mobilization. In peace also he will arrive at the stage of seniority when he must, unless he is to suffer heavily in pay and pension, be transferred to the army for an administrative medical appointment. We should make it one of our chief recommendations that such a state of affairs should immediately cease and we should work out a scheme allowing for frequent interchange between the military and the civil sides of the Service up to 20 years and also for periodic return of civil medical officers to military employ or periodic military training for them.

18. *Alterations in leave rules.*—I foresee that considerable alteration will be necessary in the leave rules for a unified service. It will not be possible to apply the Civil Service Regulations in their entirety as at present to those officers who are in civil employ.

19. *Medical Staff College.*—Enormous impetus has been given in the direction of professional efficiency to the Royal Army Medical Corps by the institution of the Royal Army Medical College at Millbank. The need of such a college for the medical services in India has only to be mentioned to be admitted. The immediate establishment of such a college in India should be strongly urged by this Committee.

20. *Abolition of area allotment.*—Reference to the Army List will show that the Secretary of State allots Indian Medical Service officers to various areas in India, and that these areas are marked against the officer's name in the left hand column of the Army List. This practice must cease, because the proposed unified Indian Medical Service will cease to be unified if an officer, from his first date of commission, has his future already geographically limited to any part of India. This Committee should recommend one cadre for the whole service and do away with the system by which, whilst still in military employ, an officer of the Indian Medical Service finds himself permanently allocated to one or other of the civil governments.

21. *More Europeans in civil employ.*—The unified medical service will probably employ more European medical officers in civil employ than at present, but it also opens up a much finer service to Indians and will also bring the independent profession into some relation with the army. I feel certain that nothing that I have recommended can be construed to mean anything to the disadvantage of the growth of an independent medical profession. It is however necessary to make it quite clear that at this stage of Britain's and India's joint work in India the Indian must not claim everything any more than the European.

22. *Provision for the treatment of women and children.*—No Indian government would dare to suggest that the only available medical attendant for an Indian lady, especially for a caste and gosha Indian lady, should be an European. It ought to be equally clear that European ladies and their children, whether they are the wives and relations of civil or of military officers, should not be liable to find themselves in a position in which their only possible medical attendant is an Indian, however capable he may be. I therefore recommend that the army and the civil government accept it as a principle that there should be in every military station and at every civil district headquarters one European doctor of the unified service. It will be understood at once that this does not mean that the European officer of the new unified Indian Medical Service should be in command or should be the senior, but it ought to mean that the European officers of Government, whether in military or in civil employ, should be able, at all military stations and at the headquarters of all civil districts in the provinces, to obtain the services of a European medical officer, if and when they desire to make use of his professional services. Finally, I would draw the attention of the Committee to

the words of the Secretary of State on page 10 of the enclosure of despatch Military No. 56 of the 11th of October, and also to the words of the Report on Indian Constitutional Reforms, wherein it is written that the retention in the service in India of the best Europeans who can be obtained is vital to our scheme, etc., etc. After many years of service in India, both in the army and in civil employ, I feel certain that the absence of suitable European medical attendants in the army, and in the civil districts will have a very deleterious effect upon the recruitment for all the European services in India.

In conclusion, I would beg to draw the attention of the Committee to paragraph 318 of the Report on Indian Constitutional Reforms, the authors of which state "In any case we *feel it is necessary to do something substantial in order to improve the conditions of service and to secure the European recruitment which we regard as essential.*"

23. It may be held that the scheme which is here outlined is not strictly a scheme for a unified medical service for India. At the best it is a compromise. A complete and absolute unification would entail the complete removal from India of the Royal Army Medical Corps, or the complete fusion of the military branch of the Indian Medical Service with the Royal Army Medical Corps, and a complete removal of these two services from civil employment. The second alternative would mean that it would be necessary to follow the advice of the Public Services Commission and to set up a Civil Indian Medical Service (whether that civil medical service could form a reserve for the army has not been discussed). I feel certain that it will be a retrograde and a dangerous step to separate entirely the civil from the military medical officers in India. If therefore it is necessary that this Committee should put forward a scheme for an absolutely and entirely unified medical service for India, it must, in my opinion, mean the total exclusion of the Royal Army Medical Corps from India. There seem to me to be grave objections to such complete unification. Supposing however that, after the *pros* and *cons* have been duly weighed, it is decided that the Royal Army Medical Corps must no longer find employment in India, it seems to me essential that the officers of the new unified medical service should be kept in touch with European developments both in the executive and in the administrative grades by frequent periods of *study duty* in Europe and possibly by frequent courses of training with the Royal Army Medical Corps in England.

24. My endeavour in writing this outlined scheme has been to ensure that the unified Indian Medical Service should be a service in touch with developments in Europe, that it should be an efficient military service, that some portion of the expense should be borne by the civil government as an insurance premium, and that a good reserve of medical officers for the army should be maintained. It seems advisable to state quite plainly that any new unified Indian Medical Service must necessarily be more expensive than the two old services. If the Government of India wish to maintain an up-to-date and efficient service they will unquestionably have to pay more for it. The scheme now put forward in outline is a scheme which will certainly be more expensive. I wish to give prominence to this single fact because there seems to be a tendency for all Governments in India to desire to buy a new and better article at the same price as the old. It may also be said that the Government to-day is buying its present article at a smaller price than in the old days because the fall in the purchasing value of the rupee *plus* the rise in the price of all commodities in India has halved the income of the Indian Medical Service, whilst additional work and duties are always being thrown upon it.

SCHEME C.

RE-ORGANIZATION OF THE MEDICAL SERVICES IN INDIA.

The present organization of the Government of India is such as not to permit of the whole medical work of the country being carried out successfully under one administration. Unification of the two medical departments is not impossible, but it would take many years to develop and as a measure to meet the crisis at hand is not a feasible proposition.

The scheme suggested is one in which the present military and civil medical departments would remain as two separate organizations with two distinct administrative heads. There is, however, an important link of intercommunication through the medium of the war reserve and the proposed special reserve (paragraphs 30-36).

The main points of difference between the proposed scheme and the present organisation are as follows:—

- (a) Conversion of the Indian Medical Service into an Indian Medical Corps, officered by (i) the present Indian Medical Service, (ii) permanent transfers to it of Royal Army Medical Corps officers, and (iii) supplemented by seconded officers of the Royal Army Medical Corps (paragraphs 15-19), incorporation into it of all members of the present Indian Medical Department (paragraphs 27-28), with the future Indian Hospital Corps (paragraph 8) forming its rank and file. The conditions of service of the Army Medical Service and Royal Army Medical Corps in the new Corps are detailed in the scheme. Seconded Royal Army Medical Corps officers would be required to do duty with all parts of the army in India. The scheme aims at removing as far as possible the present causes of contention and conflict of interests in India of seconded Royal Army Medical Corps officers and the Indian Medical Corps. An effort has been made to equalise the conditions as regards pay, pension, etc., and making their duties in military identical.
- (b) Considerable increase in the number of Indian Medical Service officers for the new Corps.
- (c) Improving the conditions of service of the military assistant surgeon class.
- (d) The conditions for civil employment of Indian Medical Corps officers are modified so as to maintain their efficiency as a military body, especially by limiting the tours of duty to five years instead of continuous service, making officers reaching the rank of lieutenant-colonel transfer to military or remain in civil altogether, and abrogation of the practice of deputing lieutenant-colonels in civil for a two months' course of military training, or, if this is impracticable, increasing the course to six to 12 months.
- (e) Creating a special war reserve from the independent medical profession in India, civil assistant surgeons and civil sub-assistant surgeons (paragraphs 30, 31, 50 and 52).
- (f) Establishment of an Indian Medical Corps College (paragraph 40) for military training and special lines of professional work for officers of the Indian Medical Corps, members of the Indian Medical Department, and the special reserve.
- (g) Employment of a much larger staff of specialists in the army in India (paragraph 37).
- (h) Opening the administrative appointments in civil to the whole of the Indian Medical Corps officers.

2. There should, therefore, as at present, be two medical services—

A.—The Indian Military Medical Service.

B.—The Civil Medical Service.

3. Although these two administrations should be distinct, they are to a certain extent complementary to one another, and it is suggested that this interrelationship should be maintained, the military administration keeping in view the needs of the civil medical service, and the Government of India and the provincial governments remembering the medical requirements of the army in India. This reciprocal co-operation should be fairly elastic.

A.—The Indian Military Medical Service.

4. *Organization.*—The Indian Military Medical Service should be formed into a Corps under the designation of *Indian Medical Corps*.

5. The Military Medical Service in India should be administered by the Director, Medical Services in India, under the Commander-in-Chief.

6. It should consist of the following officers :—

- (a) Director of Medical Service and his staff.
- (b) Deputy Directors of Medical Service of Commands.
- (c) Deputy Directors of Medical Service of certain Divisions.
- (d) Assistant Directors of Medical Service of Divisions and Brigades;
(b), (c) and (d) may be either Army Medical Service or Indian Medical Service; *re* (a) see paragraph 10.
- (e) Executive officers—
 - (i) Indian Medical Service officers.
 - (ii) Seconded Royal Army Medical Corps officers (see paragraph 18).
 - (iii) Permanently transferred Royal Army Medical Corps officers (see paragraph 18).
 - (iv) Promoted assistant surgeons (see paragraph 27).

7. The Corps itself would consist of the officers enumerated, the assistant surgeons and sub-assistant surgeons of the present Indian Medical Department and the proposed Indian Hospital Corps (*vide infra*) which would change its name to that of the new Corps. The organization of the rank and file of the Corps would be, *mutatis mutandis*, the same as that of the Royal Army Medical Corps at Home.

8. *Composition of the rank and file of the Indian Medical Corps.*—An integral part of the Indian station hospital system is the formation of the Indian Hospital Corps which is about to be established.

9. This Corps will have sections composed as below :—

- (a) Nursing section—ward orderlies, etc.
- (b) Ambulance section—the present Army Bearer Corps personnel.
- (c) Attached section—the present Army Hospital Corps of British station hospitals and corresponding personnel of the late Indian troops hospitals.
- (d) Clerical section.
- (e) Hospital store-keepers section.

10. *Administrative head of the Military Medical Service.*—The administrative head should be the Director of Military Medical Service. Normally he should be selected from amongst officers of the Indian Medical Corps in military employ. It should, however, be open to the Commander-in-Chief to nominate to the Government of India an officer from the Army Medical Service for this appointment when very special reason to do so arises. He should have the same pay and status as the Director-General, Indian Medical Corps.

11. *Administrative officers of Commands, Divisions and Brigades.*—It is suggested that these remain as at present except for such modifications as regards numbers as will be necessitated by changes in the strengths of the British and Indian troops after the war.

12. *Executive officers of new Corps in military employ.*—The much higher standard demanded now in the care and treatment of the sick soldier in peace and war than in former times necessitates a larger number of medical officers being employed. A full staff will likewise be required in the Indian Medical Corps College (*vide* paragraph 39). Further, the army in India requires a larger staff of specialists than is now employed, and a larger percentage of officers is needed for the leave reserve.

13. It is therefore recommended that the ratio of executive medical officers of the new Corps should be four per 1,000 for British troops and three per 1,000 for Indian troops and followers.

14. What is required is a Military Medical Service in India that will attain to the highest standard of efficiency, all members of which are capable of working with every branch of the combatant services of the army in India in peace and war. Neither the Royal Army Medical Corps nor the Indian Medical Service is at the present moment capable of fulfilling this requirement.

15. The Corps would be best officered by a union of the Royal Army Medical Corps and Indian Medical Service. A Service that would be a combination of these should form one of the best military medical organizations in existence. The terms of service of both should be as nearly as possible identical.

16. It is therefore suggested that some method of combining the required number of officers of the Army Medical Service, Royal Army Medical Corps and Indian Medical Service be devised to form the new Corps. This plan of utilizing the combined Royal Army Medical Corps and Indian Medical Service can be carried out without undue delay.

17. In the case of recruits other than Royal Army Medical Corps, the entrance to the Indian Medical Corps should be conducted by open competitive examination, held in the United Kingdom, and the standard of medical education demanded should be as at present. Indians with indigenous qualifications only should not be eligible.

18. *Conditions for Royal Army Medical Corps officers joining the new Corps.*—Army Medical Service and Royal Army Medical Corps officers (including all ranks in both cases) would, it is presumed, volunteer for tours of duty of seven years with the army in India as at present, the only differences being that whilst in India :—

- (a) they would be attached to the Indian Medical Corps and seconded from their own Corps;
- (b) they would be placed under the same conditions as regards pay, eligibility for command of British station hospitals, command and second-in-command of Indian station hospitals, as the Indian Medical Corps, and
- (c) they would be required to do duty with all branches of the army in India in peace and war.

The seven years may be broken by a period of leave. The junior officers amongst these volunteers should be eligible for permanent transfer to the Indian Medical Corps. Seconded officers should not be eligible for transfer to civil. A certain number of Royal Army Medical Corps officers would be asked to join the Indian Medical Corps permanently at once. No Royal Army Medical Corps officer of more than ten years' service should be allowed to transfer permanently to the Indian Medical Corps. In joining he should be given the same seniority as his contemporaries in length of service in the Indian Medical Corps. All junior Royal Army Medical Corps officers joining the Indian Medical Corps with a view to permanent transfer would be seconded from their own Corps for two years, in which period they would be required to pass the language test. It should be open to the Commander-in-Chief, with the approval of the Government of India, during this time to return officers to their own Corps if found unsuitable. The pensions of Royal Army Medical Corps officers transferring permanently to the Indian Medical Corps should be adjusted in the usual way and their leave rules should also be assimilated to those of the Indian Medical Corps as far as practicable.

19. The number that will be ultimately required in each rank depends upon many factors and cannot be properly determined until the end of the war, but it is considered that an equitable arrangement as regards the administrative posts would be on a percentage of Royal Army Medical Corps and Indian Medical Corps officers doing duty with the army in India.

20. There are at present 320 Royal Army Medical Corps officers in military employ. On the pre-war strength of Indian troops at the rates already mentioned above we should require about 450 Indian Medical Service officers in military employ; this would bring the total of Indian Medical Corps officers to between 900 and 1,000.

21. *Conditions for civil employment.*—Facilities for transfer to civil employ should continue as heretofore and be carried out under the existing mechanism.

22. The practice of promoting lieutenant-colonels of the Indian Medical Service from the civil side to be administrative officers on the military should discontinue; it is one of the most serious causes of inefficiency of Assistant Directors, Medical Services, reverting to military.

23. It is in the interests of military efficiency that the reversion to military employ after five years is recommended. The needs of the civil medical service should, however, be kept in view; the reversion for six months every five years should be compulsory in all instances.

24. I am altogether opposed to the practice of putting selected lieutenant-colonels in civil employ through a two months' course of military training to learn their duties as Assistant Directors of Medical Services. Many of these officers are over 50 years of age, may have been 20 years or more in civil, and hence have lost the military atmosphere, instinct and touch with troops. If this is not practicable the course should be of at least six to twelve months' duration.

25. There should be an examination for promotion from captain to major and from major to lieutenant-colonel, the first of these being passed within two years of attaining to major's rank, the second within two years of reaching lieutenant-colonel's grade. A special committee should draw up the synopsis of the subjects for these examinations.

26. *Promotion Board.*—A board of senior Indian Medical Corps and combatant officers should assemble periodically to advise the Government of India and the Commander-in-Chief regarding the promotion of all officers from captain upwards.

27. *Military Assistant Surgeons.*—There are 739 military assistant surgeons of whom 475 are in military and 264 in civil employ. Military assistant surgeons would be the warrant officers of the Indian Medical Corps, becoming honorary commissioned officers of the Corps on advancement from the 1st grade. They should go through a course of military training at the Indian Medical Corps College after qualifying professionally. Those with British qualifications, if otherwise suitable, should be eligible for incorporation in the Indian Medical Corps, selection being made by the Commander-in-Chief and the appointment by the Government of India subject to His Majesty the King-Emperor's approval.

28. *Military Sub-Assistant Surgeons.*—There are of these 771 in military and 123 in various civil and miscellaneous appointments. Military sub-assistant surgeons would become the Indian commissioned officers of the Indian Medical Corps. They should go through a course of military training at the Indian Medical Corps College (see paragraph 39) as soon as they have qualified for entry into the Service, and when they have completed their curriculum at the college, if approved, should be promoted to jemadars.

29. *Nursing Sisters and Nurses.*—The constitution and functions of the Queen Alexandra Military Nursing Service, India, should continue as at present, but it is recommended that their work be extended to Indian station hospitals, having in the latter case a lower grade of nurses working under them.

30. *War Reserve for the Indian Medical Corps officers.*—All officers of the Indian Medical Corps who are in civil employ, but have not reached the rank of lieutenant-colonel and do not occupy indispensable appointments should be held to form the *war reserve* of medical officers of the army in India. It is suggested that a *special reserve* of officers be formed from the European, Anglo-Indian and Indian medical practitioners and civil assistant surgeons

in India, and if necessary, a *Home reserve* from medical men in the United Kingdom selected and maintained by the Secretary of State for India. This special reserve of India should go through an annual military training of the Indian Medical Corps College.

31. The employment of civil assistant surgeons in the special reserve of officers is an adaptation of the experience of the war to future requirements; but it has these great advantages—we shall know how many we have and where to get them at once, and they will be men who have undergone a certain amount of military training.

32. *War reserve of Nursing Sisters.*—It is suggested that a special war reserve of nursing sisters and women nurses can be created out of those now employed in civil hospitals, private practice, and from qualified V. A. D. women. The Secretary of State for India should enrol as many as are necessary as a Home war reserve for India. The extent to which the Conjoint Red Cross and St. John Ambulance Association are capable of supplementing this part of the special reserve should be investigated. As in the case of medical officers of the special reserve they should be called up for a course of training periodically, both in India and at Home.

33. *War reserve of Military Assistant Surgeons and Sub-Assistant Surgeons.*—The reserve of both these branches exists already in those that are in civil employ, all of whom may be withdrawn for war. In both cases, however, the war reserve requires expansion.

34. *War reserve of rank and file of the Indian Medical Corps.*—The formation of the reserve of the rank and file of the Indian Medical Corps will present great difficulty. It should include all ranks of the Indian Hospital Corps.

35. It is suggested that the strength of each class required in the reserve be decided on and then worked up to.

36. All branches of the rank and file of the reserve should assemble for training with their Divisional Companies once a year. They would receive an annual stipend or small monthly allowance as a retaining fee.

37. *Specialists in military employ.*—The army in India is in need of a much larger staff of specialists than now exists. It requires in particular consulting physicians and surgeons, a sanitarian, pathologist, bacteriologist, malarialogist, ophthalmologist, neurologist, otologist, and dentist; and a larger number of expert sanitary officers, otologists, ophthalmologists and alienists than are now allowed. It is also suggested that expert neurologists and experts in physical training be added to the list of specialists.

38. Appointments as consultants of certain classes of specialists should be open to the whole profession of the United Kingdom. Those so employed should be engaged on special terms and be on a separate cadre.

39. *Indian Medical Corps College.*—No system of military medical organization in India will be complete that does not provide for the training of medical officers, assistant surgeons, and sub-assistant surgeons and the reserves in all subjects connected with their duties in peace and war. I strongly recommend the establishment of an Indian Medical Corps College at some station which will provide the material necessary for this training. It should be situated at one of the large Divisional Headquarters stations, and should combine functions similar to those of the Royal Army Medical Corps College at Millbank and the training at Aldershot—Poona is suggested. With the sanction of the local government it could be affiliated to the civil hospital.

40. The opening of such an institution is an inseparable part of the re-organization scheme outlined; the arrangements connected with the construction of the college buildings should be placed in the hands of a select committee as soon as the formation of the Indian Medical Corps is decided on.

B.—The Civil Medical Services of India.

41. *Organization.*—These services are partly under the Government of India and partly under provincial governments.

42. It is considered that the existing organization, administration and conditions of the civil medical service as a whole, and the terms of service of its medical personnel, should continue as at present, with the exceptions referred to in this section.

Officers of the Civil Medical Service.

43. (i) *Head of the Civil Medical Service.*—The administrative head of this Service should be the Director-General, Indian Medical Corps, under the Government of India. He should be selected and appointed by the Government of India from the whole of the officers of the Indian Medical Corps. His tenure of office should be four years.

(ii) *Surgeons-General with the Governments of Bengal, Madras and Bombay.*—These officers should be selected from amongst suitable Indian Medical Corps officers permanently in civil employ; the selection should not be limited to the list of officers in the presidency in which the vacancy takes place. The candidate should be nominated by the government of the province and appointed by the Government of India. They should rank as majors-general but officially continue to be called surgeon-general with their respective governments.

(iii) *Inspectors-General of Civil Hospitals.*—They should be selected from amongst suitable Indian Medical Corps officers permanently in civil employ; the selection should not necessarily be limited to the list of officers in the province in which the vacancy takes place. The nomination should ordinarily be in the hands of the local government and the appointment made by the Government of India.

(iv) *Executive medical officers, etc.*—These should as at present consist of the higher and lower grades.

The officers of the higher grade are to be recruited from :—

- (a) Indian Medical Corps.
- (b) Qualified Europeans or Anglo-Indians—constituting the old uncovenanted officers.
- (c) Promoted Indian civil assistant surgeons.
- (d) Promoted Indian military assistant surgeons.

The lower grades are to be formed from :—

- (a) Civil assistant surgeons.
- (b) Military assistant surgeons.

The subordinate branch is to be formed by :—

- (a) Civil sub-assistant surgeons.
- (b) Military sub-assistant surgeons.

44. *Indian Medical Corps officers as Civil Surgeons.*—Civil surgeon Indian medical officers should be of one grade only, the salary being according to length of service in civil and equal to that of officers of the same standing in military employ.

45. Indian Medical Service officers should as far as practicable get into civil by the end of their fifth year or earlier. I had this in view when making the recommendation that the normal term of service in civil for officers until they are permanently transferred should be five years. This would allow of a much larger total number of officers of the Indian Medical Corps reaping the benefits of civil employ although it may not be so convenient to local governments.

46. All medical officers of the superior grade in the civil medical departments of local governments should be placed on one general list and available for service in civil wherever the Government of India consider it necessary to employ them, and not be rooted to the particular province in which they are initially employed.

47. An Advisory Board on the civil side, corresponding with that on the military side (see paragraph 26), should be nominated by the Government of India and advise as regards selection for all the more important appointments on the civil side that are made by the Government of India.

48. *Civil Assistant Surgeons*.—Study periods amounting to 12 months during their service should be compulsory.

49. The present pay of civil assistant surgeons and of military assistant surgeons in the provincial services should be the same whilst employed side by side in civil duties.

50. Efforts should be made to induce civil assistant surgeons to form part of the special reserve of officers (see paragraphs 30 and 31); it may be necessary to insist on this being one of the conditions of their entering the service of Government.

51. *Military Assistant Surgeons in civil employ*.—There were at the outbreak of the war 289 military assistant surgeons in civil employ of one kind or another, and the part they would take in the war reserve of the Indian Medical Corps has already been alluded to in paragraph 33.

52. *Civil Sub-Assistant Surgeons*.—These form a series of provincial cadres. They are mainly employed as subordinates in civil hospitals and in charge of small hospitals and district dispensaries. They should get a study period of six months during their service. Every effort should be made to induce this class to form part of the special reserve; it may be necessary to make it a condition of their employment. When transferred to military employ they should be given free uniform. Those borne on the special reserve should be sent to the Indian Medical Corps College periodically for a course of military training.

SCHEME D.

It is advisable, if possible, to have a unified medical service to supply all the medical needs of the Government of India, both military and civil, and, with this object in view, the outlines of the scheme are placed below:—

2. For the sake of distinction the new corps is designated the “Indian Army Medical Corps.”

3. I would suggest that this Corps shall consist of officers recruited entirely for the service in India *plus* a certain number of Royal Army Medical Corps officers seconded for duty in India with the Indian Army Medical Corps.

4. The Indian Army Medical Corps in future shall be a military service under the control of the Commander-in-Chief. The officers of the new Corps who are “seconded for civil employment” and those who are permanently transferred for civil employ shall be under the control of the appropriate civil department of the Government of India. Those officers who are not selected for permanent civil employ shall form the war reserve of the army in India and the Commander-in-Chief has consequently a lien on their service.

5. The proportion of medical officers exclusive of those in administrative military medical employment, but including reserve for leave and casualties shall be:—

(a) For British troops 4 per mille.

(b) For Indian troops 3 per mille.

6. The strength of the Indian Army Medical Corps together with the Royal Army Medical Corps officers who are seconded to it shall be fixed by the strength of the army in India.

7. Royal Army Medical Corps officers seconded for a tour of duty in India may apply for transfer for permanent employ in the Indian Army Medical Corps before they have completed ten years' service. They will, in common with other officers of the Indian Army Medical Corps, be eligible for civil employment after transfer.

8. The proportion of the officer ranks of the Army Medical Service and Royal Army Medical Corps officers seconded to the Indian Army Medical Corps shall be as at present.

9. All Army Medical Service and Royal Army Medical Corps officers shall be eligible for the highest administrative grades (including the Director, Medical Services in India). The entrance to the Indian Army Medical Corps, otherwise than by transfer from the Royal Army Medical Corps, shall be obtained by open competitive examination in the United Kingdom. The standard of medical education demanded for competition shall be as at present with the proviso that as the medical degrees and qualifications gained in India do not in all cases represent the result of a complete medical education, the Government of India should be approached with the view of instituting scholarships for the Indian medical students including those of the domiciled community, selected by the Government of India, to enable such students to proceed to the United Kingdom to complete their education and medical and social training : such scholarships to be tenable for the training to the Indian Army Medical Corps.

Terms of Service.

1. To be as at present.

2. Royal Army Medical Corps officers seconded to the Indian Army Medical Corps shall be eligible for the pay pertaining to their ranks in the Indian Army Medical Corps and their period of service in India shall be counted for pension as in the case of Royal Engineer officers.

Hospitals.

1. The station hospitals to be combined hospitals (British and Indian) under one commanding officer with a staff commensurate with the dimensions of the hospital. Subordinate personnel to consist of the following :—

(a) Sub-assistant surgeon.

(b) Royal Army Medical Corps other ranks and a nursing section including a due proportion of warrant officers and non-commissioned officers. The latter two categories to be responsible for the discipline amongst patients in hospital as regards British troops. The sub-assistant surgeons and the various ranks in the contemplated Indian Hospital Corps to have the same functions in the Indian portion of the hospital. The contemplated Indian Hospital Corps to be absorbed into the Indian Army Medical Corps whilst the British personnel of the Royal Army Medical Corps to form a British section of the Indian Army Medical Corps.

(c) One or more master cooks should be specially seconded from the Royal Army Medical Corps for duty in each hospital where British troops are treated.

Service in India for Royal Army Medical Corps Personnel.

1. Each tour of service for Royal Army Medical Corps personnel to be for five years, extensible to seven.

Consulting Surgeons and Physicians.

1. In addition to the officers mentioned above, which includes specialists, there should be a number of consulting physicians and surgeons, specially appointed from both England and India for a limited period. Their duty would be to visit the various station hospitals to assist, with advice, the medical officers in their treatment of cases, and also to instruct in the latest methods of the treatment of sick. It is suggested that there should be one of each category in each command, with a proviso that there are not less than a total of six.

Civil Medical Service.

1. To form a war reserve for the military medical service, with certain restrictions.

Officer personnel.

1. The officer personnel to consist of three categories in definitely fixed proportions as follows:—

- (a) Officers of the Indian Army Medical Corps seconded for civil employment in the proportion of say 10 per cent of the civil medical service. The period of seconding to be limited to five years, with an interval between each period of at least one year in military employment, preferably in the United Kingdom. No Royal Army Medical Corps officer to be seconded for service in civil employment until he has attained five years' service and has passed an examination in the vernacular.
- (b) Direct admission, by open competition, to European medical men, who would form a part of the permanent whole-time service, except as detailed below.
- (c) Direct admission, by the same open competition, to Indian medical men, who would also form part of the whole-time service, except as stated below.

2. The two classes mentioned in (a) and (b) would have to conform, before competing, as regards degrees and qualifications, to the standards at present accepted for the Indian Medical Service.

3. The two classes, (a) and (b) above, before proceeding to India to take up their appointments would have to go through a course in military medical subjects at the Royal Army Medical College, Millbank, and at the depot Royal Army Medical Corps. They will also, on arrival in India, be obliged to perform six months' duty at a station hospital, and at the end of each succeeding five years' service be obliged to go through a further period of not less than six months' duty at a station hospital, or some other form of military training with troops. During these periods of duty at station hospitals they will be granted temporary military rank in accordance with their grading in the civil medical service which is detailed below.

4. The two higher grades in the civil medical service to be filled by selection from all three categories by the Government of India.

5. The civil medical service to hold all civil medical appointments including Jail, Sanitary, Bacteriological and Chemical Departments as at present.

6. All officers in the civil medical service to be graded in five grades, the 5th grade being the lowest and the 1st the highest. Promotion to the two higher grades being entirely by selection, and to the 3rd grade after a period spent in the United Kingdom at post-graduate classes. The grades in the civil medical service to carry a corresponding temporary military rank as follows:—

2nd grade	.	.	.	.	.	.	.	Lieutenant-Colonel.
3rd	„	.	.	.	.	.	.	Major.
4th	„	.	.	.	.	.	.	Captain.
5th	„	.	.	.	.	.	.	Lieutenant.

7. The seconded Indian Army Medical Corps officers will retain their rank up to and including that of lieutenant-colonel.

8. After attaining grade 1, or conceivably grade 2, civil medical officers will cease to be available for military service.

9. The Director-General, Civil Medical Service, is to be the responsible head of the civil medical service and under the Government of India will make all promotions and appointments in that service.

General.

1. It is considered essential for the future efficiency of the Corps that there should be instituted in India a college similar to the Royal Army Medical Corps College at Millbank and to ensure the widest interchange of views, it is advocated that a similar principle be adopted for this new college and the Millbank College as is adopted for the Camberley and Quetta staff colleges. That is, so many vacancies at Millbank should be reserved for officers of the Indian Army Medical Corps and so many vacancies should be reserved for officers from the Royal Army Medical Corps and for the medical corps of the other dominions at the college in India.

DEBATE, ON 5TH MARCH, 1918, IN THE IMPERIAL LEGISLATIVE COUNCIL, ON A RESOLUTION REGARDING THE FORMATION OF A CIVIL MEDICAL SERVICE, MOVED BY THE HON'BLE MR. SRINIVASA SASTRI.

(The Hon'ble Mr. Srinivasa Sastri.) Sir, I beg to move the following Resolution:—

"This Council recommends to the Governor General in Council—

- (a) that a Civil Medical Service should be constituted which should be wholly independent of the medical organisation of the Indian Army; that the higher medical posts, which are at present filled by officers of the Indian Medical Service should be transferred to the Civil Medical Service; and that the Civil Medical Service should be recruited from the civil medical officers and the independent medical profession;
- (b) that the salaries of Indian Medical Service officers employed on civil duty should not be enhanced as recommended by the Public Services Commission; and
- (c) that military assistant surgeons should not be given preference over civil assistant surgeons, and that no more than one-sixth of the higher posts reserved for subordinate medical officers should be given to them."

Before I proceed to deal with the resolution, I beg leave of the Council to say that I recall with feelings of sorrow a conversation I had on this subject with the late Sir Pardey Lukis, who occupied the position of Director-General of the Indian Medical Service. When it became clear that these resolutions that had been on the agenda paper would not be reached and that it would be necessary for us to select a few of the resolutions dealing with the subject, Sir Pardey expressed much anxiety that this medical resolution should be among the selected. He said that he was considering the matter most anxiously, and that he might be able to go some way towards meeting our wishes. It is a great pity that we are discussing these resolutions without his sympathy and friendly assistance. We are now dealing in this resolution with two departments: one is known as the Indian Medical Service and the other is known as the Subordinate Medical Department. Both these are military in their organisation, although the great bulk of them are lent in peace times to the service of the Government of India. Both these departments or services may be said to have for their appanage the civil medical departments of this country. The Indian Medical Service consists of 772 officers, of whom 475 or 62 per cent. are described as the war reserve and are employed in civil posts in the medical department. The subordinate medical department contains 713 officers, 289 of whom or 40 per cent., are employed ordinarily in civil duties. Of the superior officers in civil medical employ, the military cadre represents 87 per cent., that is 493 out of 566. The civil portion comprises 73 officers only, or 13 per cent. In these circumstances, it is somewhat anomalous to describe the civil medical service as civil, it is predominantly military. If we look at the different branches the figures are striking. The staff posts are 7, they are all in the hands of the Indian Medical Service. Professorships, chemical examinerships, and alienist appointments which are 50 in number, 45 are in their hands; of the 27 bacteriologists whom the Government of India employ all are drawn from the Indian Medical Service; of the sanitary and plague officers of whom there are 67, 53 are from this service; in the Jail Department 38 out of 46 belong to the Indian Medical Service; of the medical sanitary officers in districts and in presidency towns out of a total of 285, as many as 192 are Indian Medical Service officers, 46 belong to the Subordinate Medical Department, a few are civil medical officers. I think it might not be wrong to say that the military practically have this department in their hands, though it is called the civil department. When this arrangement was proposed many years ago, it seems to have struck the authorities, at any rate a great part of them, as somewhat anomalous, as being against the practice of other countries, for nowhere in the world is the civil medical department mainly occupied by mili-

tary officers. Neither Germany nor France nor America seem to order their medical services as in this country. At first there must have been some opposition about which we have only scanty information. Dr. Bahadurjee, a late eminent practitioner in Bombay, took great pains to bring the subject before the authorities, and before the Welby Commission he gave certain information. I beg leave of the Council to quote certain striking passages:—

"You will observe from the same papers that I mentioned to you just now, namely, the papers respecting medical officers in India, that, when that scheme was submitted to several authorities, both civil and military for their opinion, it was most adversely commented upon. The Government of Madras and the Government of Bengal said that if the civil medical service was to be purely for civil purposes and primarily for civil purposes, there was no occasion to make it primarily military."

And the Madras Government went a little further and said "that among the defects of the system (of reserving all high grade civil appointments for members of the military service only), must be recognised a want of stability, a want of strict identification with the interests of the natives of the country, an exclusiveness which renders it difficult to introduce the natives of the country to the higher employments of the service."

And naturally so, for, if you look at the system followed in the Arts, the Law and the Engineering Faculties, you will find that western education is provided in these colleges as in the medical schools.

I want the Council to listen to this with attention:—

"But to the scholars of these institutions all the highest appointments in the faculties are open. The professors of these schools are drawn direct from Oxford, Cambridge or London or Indian graduates, and when natives are found equally competent and equally qualified, they are appointed to these places without any distinction of being members or not of any particular service * * *"

The Government of Bengal urge also that—

"the local medical service should be no longer primarily military, its chief function being now civil."

The Surgeon-General of Her Majesty's Forces complained (this is a quotation from him) that:—

"the application of the principle of one military and one civil medical service, acknowledged by the Secretary of State, was maimed by qualifying conditions, whereby the proven errors of the old were attempted to be perpetuated under a new system. If real re-organization is to be attempted—and that such is needed none who are acquainted with the present system will deny—it can be effected by no partial measure. The division of civil from military duties must be trenchant and distinct."

The Decentralization Commission have also quoted the Madras Government's desire for a separate medical cadre for that Government, although this cadre was to be drawn in the opinion of that Government from the Indian Medical Service. In 1899 the Madras Government considered the position so unsatisfactory that it asked for a completely separate cadre of Indian Medical Service officers for duty in that Presidency, and from which no officer should be withdrawn without reference to the local Government. They go on to add—

"In 1903, again, the Bombay Government asked for a separate civil and military medical service, but the Government of India declined to take up this question on grounds of policy and expense."

The Decentralization Commission themselves are against the measure that I have suggested, but they grant that there is a good deal to be said in favour of it. It is not, therefore, the destructive idea that it is so often represented to be, seeing that it has occurred to many in authority.

"Special restrictions on local Governments"—I am reading again from the report of the Decentralization Commission—

"Special restrictions on local Governments might be obviated if superior civil medical work of the provinces were made over to a separate civil medical service, military exigencies being met by giving officers of this service some preliminary training with Indian troops and by rendering them liable to be called up for military duty in case of emergency."

I am reading that passage, because it has often been suggested against the cause I am pleading for that if that were the case, and the Indian Medical Service men were to be confined to purely military duties and the war reserve were to be struck out, there would be no arrangement in the country for finding officers in times of war. Now I speak without of course any express authority, but I have ascertained the opinions of many young men educated in the medical colleges in various parts of India, and they tell me that they would be quite willing to support a measure which Government may bring forward for the purpose of laying it as an obligation on all civil officers in Government employ, although not expressly military, to undergo a certain amount of military training and also to be liable to be called up for military service in case of necessity. Now this is a proposition which I advance with some diffidence, not being myself authorised expressly to say so. But I am one of those who think that if Government felt that sufficient voluntary offers would not be made in time of difficulty, every man whom Government trains and enrolls into its service in the civil medical department should be called upon to undergo a certain amount of military training for a certain period with the forces, and at the same time hold himself liable to be called up for military duty as the war reserve has been called up now. There would be nothing extraordinary in this and, as a matter of fact, I believe firmly myself that such a step of compulsion will not be necessary. I think the Director-General of the Indian Medical Service will acknowledge that the private medical profession over the whole of India has been fairly responsive to the calls that have been made upon it, and many men of more or less high qualifications have offered themselves for temporary service with the army in the present crisis. The measure of compulsion will not be necessary, but if it were I should be the first to support it.

Against this resolution there have been other suggestions also made. For instance, it has been said that if we adopted the complete separation of the civil medical service from the military medical service the Indian Medical Service would become extremely unattractive by the removal of a very large number of well-paid officers from its grasp. That may be so. But the question is, are we to keep the civil medical service of the country in subordination to the needs of the military so that when the trouble really comes on there is absolute dislocation and paralysis of the civil work all over the country? At the present moment nearly all who are regularly employed in the civil medical department have been replaced by others who have been taken into temporary service, and it is remarked that even the scientific and professorial chairs have not been left alone in this great call for military work. Now, that state of things should not be possible. The interests of the civil medical service are paramount in themselves. They require careful guarding and provision for emergencies, and I do not think it is right, I do not think it is defensible, except on grounds of inferior and false economy that they should be entirely subservient to the needs of the military.

I was just now speaking about the recruitment question. Now officers have given evidence that recruitment is becoming more and more difficult, that

whereas five or six people competed for each vacancy in former years, during recent years there have not been even two candidates for a vacancy. In one year there were barely two candidates in addition to those who would have been recruited for the number of vacancies existing. Many causes are assigned as bringing about this unpopularity of the Indian Medical Service. They say now that private practice has gone off altogether. A number of independent practitioners have established themselves in the more important towns, and the busy officers are unable to get the same amount of private work which they were once able to. Another thing that is usually said is, that they may now in consequence of the larger infusion of the Indian element have to serve under Indian superiors, and that is a thing that they cannot bear. But the most interesting thing that has come out is that the military officers on leave in England and retired men seem to have been very busy in dissuading young people who are likely to compete at examinations. They were very much dissatisfied with the orders passed by Lord Morley when he was Secretary of State, and in their dissatisfaction they seem to have gone to the length of proclaiming a general boycott of the Indian Medical Service. I say this on the evidence recorded in England from an eminent officer of the Madras service, Lieutenant-Colonel Elliott. This is what he said in reply to Sir Theodore Morrison:—

"There was information before the Association to the effect that officers of the Indian Medical Service were advising students not to go into the service until they saw what its future was going to be. The stories being spread were thus referred to in the memorandum; for instance, the changes in the conditions of the service, the enormous increase of official work, the fact that private practice was passing into other hands, and the fear that further changes were imminent. For these reasons officers of the Indian Medical Service were advocating a boycott, and when officers were asked if they would advise a young man to go into the Medical Service they said it was not worth the while of a first-class man."

I think, Sir, it must be admitted that the somewhat exaggerated fears entertained—I do not say justifiably—but the somewhat exaggerated fears entertained by the officers were responsible for the slight unpopularity into which the service seems to have fallen.

Now with regard to private practice, there is just one thing that I should like to say. There is a remarkable letter addressed by the Government of India to the Secretary of State in November 1910. I desire to read to the Council one extract from it. While the officers themselves said that they had had considerable practice in a former day, but that that practice had fallen low, the Government of India seem to have been at work in restricting the facilities for private practice that these officers enjoyed; and while in one place referring to this circumstance as one of those that would contribute to the unpopularity of the service, in another place they say that the time of an Indian Medical officer is so fully occupied with his official duties that it is impossible for him to take much private practice. I will read that paragraph to the Council. I will ask the Council at the same time to remember that the paragraph is in connection with a suggestion that has been made that private practitioners should be allowed hospital work. When it was recommended to them that private practitioners should enjoy facilities in hospitals and in research laboratories the Government of India, anxious to find arguments against the course, said:—

"If we admitted these people into hospital work, they would not give it the time that they must spare from their private practice, and as private practice is very remunerative, these private practitioners are hardly likely to come up to the expectations that we shall have to make of them."

And in enforcing their argument, they go so far as to urge this:—

"It appears impossible for Government to exercise the necessary control over any private practitioner, and it is certain that, if he has any practice of his own, the interests of Government would be sacrificed to it. The ordinary duties of a civil surgeon, if properly performed, are of themselves sufficient to occupy nearly all of his time, and most civil surgeons have little leisure to devote to private work. It cannot therefore, be supposed that a private practitioner with even a fairly large practice of his own, can give that time to Government work that is necessary."

Now if there is any force in this argument, it seems to imply that we cannot expect these people to resume private practice and derive any considerable emoluments from that source. Therefore, it is urged among other things that their pay should be increased. Now the second part of my resolution is intended to protest against that suggestion. We consider that the coming in of the Indian Medical Service into civil employ shuts out Indian talent, hinders the progress of the independent medical profession, and makes the civil population, for their ordinary medical needs, depend upon a service which is called upon to serve in the military both in the beginning and at the end of their careers, and in war time would not be available at all. When we are asking therefore that a complete separation should be made, it is impossible for us to countenance the suggestion that, in order to render civil employ attractive to these officers, their salaries should be raised and a further drain imposed on the resources of the country.

In the third part of my resolution I refer to the class of officer of whom I just made mention in the beginning, military assistant surgeons. Now here is a peculiar class of people. The military assistant surgeons, being military, are looked upon with special favour by the authorities in this department. So high is the favour accorded to them that, notwithstanding their admittedly inferior professional qualifications, they are allowed to enjoy as many as 47 appointments in the superior grade. There are only 98 of them altogether in civil employ. To these 98 as many as 47 appointments in the superior grade are thrown open, while out of 770 civil assistant surgeons, only 46 officers are to be found in the superior grade. Now what is the civil assistant surgeon in comparison with the military assistant surgeon? The civil assistant surgeon goes through a course of medical training which is comparable to that obtainable anywhere in the United Kingdom. It is acknowledged over and over again in the evidence laid before the Public Services Commission that the curriculum they go through is of very high quality. It is a period of five years' training they have. They have hospital practice nearly every day of their lives. Their training is exceedingly good, so good indeed that many men who pass this examination here, and even several who do not pass the examination here, find it easy to get into the Indian Medical Service by the competitive door that is open in England. Now, if that is the case, is it fair that officers of this high calibre should be ranked as equal, and in many cases made to serve under, the military assistant surgeon whose professional qualification is so low that it is not registrable in Great Britain? I will read to the Council certain authoritative opinions on this class of military assistant surgeons, which will enforce the point much better than I can. I will read first of all the opinion of Sir Pardey Lukis himself. Sir Pardey Lukis was one of those who thought that the military assistant surgeons as a class deserved encouragement, but this is what he says of their qualifications:—

"I have during the past two years had the opportunity of scrutinising the papers written by fourth-year military pupils at the so-called Director-General's examination before appointment to the Department, and I am of opinion that the lamentable lack of primary education which, as already explained to Government, characterises the class on their admission to the medical colleges, operates

throughout their course of training, and results in their being incapable of assimilating the instruction offered them.

"At the last passing out examination had the standard of 50 per cent. of marks been required, not more than a quarter of the whole class would have been successful, and more than a quarter would have got less than 33 per cent."

But there is more. The Marquis of Crewe, who gave away the position assumed by Lord Morley with regard to the curtailment of the cadre of the Indian Medical Service, while yielding on almost every point to the demands made on him by the Government of India under the pressure of the medical department, thought that the preference shown by the Indian Government to military assistant surgeons was too much even for him to swallow. So he said, referring to the military assistant surgeons: "These men, however, are not recruited with reference to any qualifications for the important duties of a civil surgeon, and they are, as a rule, unsuitable for the work. It may therefore be desirable that, as far as possible, civil surgeoncies not reserved for the Indian Medical Service should be given to civil assistant surgeons. I leave it to your Government to consider whether effect can usefully be given to these suggestions." How did the Government of India meet it? Of course we are aware that it is quite usual to urge the existence of undiscoverable qualifications where the ordinary literary and professional qualifications are obviously unsound. The Government of India seem also able to discover these undiscoverable things. "All military assistant surgeons in civil employ," they say, "are liable to recall for active service, and they constitute an important part of the war reserve. Since they already fall short of the number required for complete mobilisation, any reduction in their number would, in our opinion, be a grave mistake." "Some of them" (and that is the point) "possess exceptional qualifications and the majority make up in administrative capacity what they may lack in professional ability, and given equal medical attainments, the military assistant surgeon frequently makes a better civil surgeon, than a civil assistant surgeon." Of course professional qualifications can be tested by means of examinations and by means of work done every day. The administrative capacity is a thing to which officers alone can speak, and, as they can put it down in their reports, we are unable to attach to that circumstance the importance which, in the Government of India's opinion, it is entitled to.

Now, the Public Services Commission who have paid some attention to this subject have felt that preference of military assistant surgeons is not justifiable, and with the caution that becomes those who do not like to disturb vested interests, they merely make this dry remark:—"It is an unsatisfactory feature of the present arrangement that there are still districts in the charge of officers who would not be allowed to practise in Great Britain, and we trust that this will become increasingly infrequent." The wonderful caution of the Commission comes out there. They are unable to put their foot down on this anomaly and say "this shall not be." Why it is that it should be so cautiously treated I cannot see, except that, throughout the whole of this business, there is the idea that the interests of the military should be kept supreme, and that nothing should be done to disturb what they may consider to be their requirements. Now, it is not my intention at all to dispute the supremacy of the military in military matters, and, because we want them to have an absolutely free hand, we want the war reserve to be taken away from its present place, where it dominates the civil department. Then it would be open to them to make their necessary arrangements.

Now, military assistant surgeons are composed entirely of Europeans and Anglo-Indians—the natives of the soil are expressly excluded from admission to this class. They are considered to be assistants and auxiliaries to the Royal Army Medical Corps, and they serve, therefore, the British troops only. The Indian Medical Service treats only the Indian troops. Now that is a thing we have got to bear in mind. It is considered proper that Europeans should treat Indians, but when it comes to Indians treating

Europeans, all sorts of imaginary difficulties crop up. There is an extraordinary statement made and repeated several times in the course of the evidence, to which it is my unfortunate duty to call attention. One of the great arguments upon which the Government of India and the Public Services Commission also lay stress is that British officers (and their wives) employed in scattered areas throughout the whole country will find it very difficult to consult Indian practitioners when disease troubles them. They have got some sort of expectation that they would get gratuitous treatment from British medical officers, and it would appear—the Government of India go this length in supporting their case—that if it were to be known amongst the services, the Indian Civil Service, the Indian Educational Service, the Indian Forest Service and so on, that hereafter there would be a paucity or a diminution in the strength of the Indian Medical Service and British officers may not be available to treat them, not merely the Indian Medical Service, but all the services recruited in England would become unpopular and there would be increasing difficulty in recruiting them. If that is the length to which the Government of India are obliged to go in supporting their case, it must be a very weak case indeed which has got to be supported by an overstrained argument of that kind. That all the services recruited in Europe should consider at the time they seek employment whether when they are ill in India, they and their wives will get gratuitous medical treatment from British officers or whether they would be obliged to depend on the advice of Indians, is a circumstance that seems to me to be very fanciful. One never would have expected it until one came to read the evidence given in the course of the Public Services Commission's inquiry into the medical services. Now that is a point which, were it true, it would be impossible for those who administer the affairs of this country and have to be responsible to this country in a moral, if not in a constitutional, sense, to take account of at all. I may say emphatically that it is a consideration which on this side at least will not obtain any credit. Indian officers and their wives, Indian ladies, Indian gentlemen, of all ranks do not feel the slightest hesitation in asking for the services of British medical officers. If, contrariwise, there is not the same cosmopolitanism, it is, I think, rather a weakness to be lamented than a virtue to be encouraged at the expense of the State and the poor taxpayer of India.

Sir, I have come very nearly to the end of my speech, but there is just one remark that perhaps I might be allowed to make.

It is not my intention that the Indian Medical Service should be swamped out by taking away from them the civil posts that they have hitherto enjoyed. I do not see how the needs of the military could suffer. If in order to meet the requirements of the war reserve a large number of civil posts have to be annexed to them, I want to know, before I attach full importance to this argument, what becomes of the 200 odd people who never seek civil employ, who are always employed on the military side even during peace-time. If they do not seek civil employ why should the others seek civil employ? The attractions of the service, it seems to me, lie in a different direction. I have been speaking hitherto only of the civil surgeoncies; but there are the professorial chairs, there are the research chairs, and there are the places occupied by those who conduct chemical analysis and so on. Now to all these appointments Indian Medical Service officers are now appointed by a sort of preferential right. In Europe, these appointments are not considered to be prescriptively open to a particular service only, but are recruited from the open profession. In India, too, we want that a similar practice in accordance with the dignity of the profession and in accordance with the great needs of the population should be followed. These great chairs, upon the successful occupation of which depends the welfare of millions, besides the advance of medical science, should not be treated as the private property of any service constituted primarily for war needs. If they are thrown open to the independent medical profession it is certainly not my object that in such an important matter it should be only Indians that should be employed. I should be quite willing to support any measure which will

allow officers from Europe to be recruited for these posts; but they should not necessarily be Indian Medical Service officers. If Indian Medical Service officers are qualified for them, by all means let them be appointed. And here, before I resume my seat, let me say that if it be considered necessary to take a certain proportion of Indian Medical Service officers into the civil department, I should be content even with such a measure—provided however that it be understood that they enter the service at the bottom, like civil assistant surgeons, whatever pay they may draw—that may be higher than the salaries of assistant civil surgeons. I do not mind the salary question, but I want that they should not be pitchforked into the higher posts straight off as they come over from the military service, but that they should work up in the civil cadre grade by grade. Even members of the Indian Civil Service, when they enter departments like the Customs or Finance, are appointed at the bottom and they work their way up side by side with the officers of that department. It is only in this department that officers are drawn at once into higher posts, keeping down and depressing hopelessly the men who ought rightfully to belong to the civil cadre of the department. Now, I know a great many men who serve as civil assistant surgeons in various capacities. Whatever, Sir, the members of the Indian Medical Service may say, it would be very difficult to get any opinion accepted which was adverse either to their character, their attainments or their capacity to fill the great places now occupied by the Indian Medical Service. They are unduly depressed; they are classed as subordinates; holding professional qualifications quite as good as the Indian Medical Service, they are still artificially kept down grinding in low places with small salaries. Sometimes even military assistant surgeons—that is a thing I should like the Director-General of the Indian Medical Service to attend to—even military assistant surgeons, by reason merely of their being military, in spite of professional inferiority, are in large hospitals placed in positions of authority over civil assistant surgeons who may not draw such high salaries as they, but who are much better qualified, who do far higher professional work, and who may in favourable conditions, if the Government only did them justice, occupy positions of trust and responsibility. I plead for the civil assistant surgeon, because I know that on him the future of the medical profession in this country rests. The Indian Medical Service, I know, has hard times before it. If one hears the truth said, the Indian Medical Service is probably at one of its crises. What may happen to it I cannot say. Perhaps no one can say at the present moment. The end of the war will probably give the authorities the leisure to look into that very difficult matter. I do not deny that the Indian Medical Service has done wonders for India in the past. It has produced many eminent doctors. It has contributed much to the sum of medical knowledge. But when this is said—and I say it with all my heart without meaning to take away anything from the credit due to the Indian Medical Service—let me say further that it must not be allowed any more to dominate the whole of the civil medical profession, to keep the children of the soil out of what is their rightful place, and generally check the growth of the independent medical profession and treat all the professorial chairs and the research chairs as their private appanage, thus producing, as I said before, some harm to the progress of the science itself, and at the same time in many cases doing no good to the positions themselves. Once more, Sir, acknowledging the great worth of the Indian Medical Service, I move this resolution. In the last part I have suggested that not more than one-sixth of the higher posts reserved for superior military officers should be given to military assistant surgeons. I know that proposals are on foot to give these military assistant surgeons higher professional training than they have hitherto received. When that is the case, the whole question will have to be reconsidered. In the meantime, I think my case is made out under (c) also.

(The Hon'ble Rao Bahadur B. N. Sarma.) Sir, I associate myself most heartily with the resolution that has been moved so ably by my friend the Hon'ble Mr. Sastri. Viewed from any standpoint whatsoever, it seems to be difficult to resist the conclusion that

the Government of India must in the very near future take up this question of the formation of a civil medical service for India on its own merits. Now this unhappy war has brought to light certain points of view from which we can look at this problem, and it seems to me that whether we consider the interests of the Indian military department or those of the civilian population, the same conclusion is irresistibly forced upon one's mind that the time has come for a separation of the two services; and I am not without hopes that the Government of India will look at this problem from a new standpoint, because the recommendations of the Vincent-Bingley Commission lend support to the views urged by us. If this all-devastating war should bring about the millenium of peace and armaments be considerably reduced, then it seems to me that the question of the larger increase and utilisation of the military reserve would solve itself and the formation of a civil medical department would become a possibility. Let us also take the other view—which is quite possible—that the events during recent years may end in the realisation of the fears entertained that the army reserve will be largely increased. Even then, I think, the time has come for a separation. At page 151 of the Mesopotamian Commission report, the Commissioners, whose views are supported by the general Commission, state:—"Whatever may be the cause, the inadequacy of the organisation to meet such demands is apparent. Not only has the supply of personnel and equipment proved insufficient to maintain medical establishments on the normal scale, but it may be doubted whether that scale itself is adequate to meet the requirements of a force engaged in a campaign against a well-armed enemy and serving in unhealthy surroundings. If this view is correct it follows that the medical organisation of the army in India will have to be re-examined and revised at the conclusion of the war. The personnel of officers, subordinates and menials will have to be largely increased, and the system by which medical officers nominally in military service are allowed to remain in civil employment so long that they lose all touch with military work, will have to be re-considered." I think, therefore, that in the interests of the efficiency of the military department itself, there is a change of opinion that it might not be wise to keep Indian Medical Service men long in civil employ. There is another danger also, Sir, and that is this. If the Indian Medical Service officers are while in civil employ receiving large salaries for special work, the Government of India would be reluctant to dislocate all civil work, and they themselves would be rather reluctant to see the work on which they are engaged dislocated, and mobilisation would be slow; and some of the difficulties which were experienced in the beginning of the war were rightly attributed to that cause. Therefore, it is possible in the interests of military discipline itself that the problem would receive consideration from a new standpoint. In the revision of the general war hospitals and general equipment, a great deal of work is in store for reserve men, and consequently it would not be easy to lend any more of them for civil work. If you look upon the strength as being the same as at present all the reserve men will have ample work to do. If it is to be decreased, then they would have their hands full. If it is to be increased and men are available, then there is another standpoint from which you have to look at the question and it is this. Even now the Indian civil medical service is recruited from the assistant surgeons to such a small extent that if it is to be swamped still further by the Indian Medical Service officers' reserve being increased, there would be absolutely no scope whatever for the civil medical men, and that is a state of things which we cannot contemplate with equanimity. Therefore, from any point of view, I think the problem would have to receive a new solution.

Then, again, let us take the recommendations of the Public Services Commission. The Public Services Commission contemplate the professorial chairs and the higher administrative posts to be recruited in such a way as would make it impossible for them to be drawn upon in case of war. If so, some of the arguments which have been urged in favour of these large attractions for the Indian Medical Service will have disappeared, and a large number of posts will have to

be removed from the cadre of the Indian Medical Service. If those recommendations are to be accepted, about 94 would have to be removed from the cadre together with their leave reserves, and consequently the Indian Medical Service will hereafter find only the civil surgeoncies and possibly the Sanitary Department and the Jail Department open to them. In the case of the Sanitary Department also, the Commissioners say that it is found necessary to draw from the best sanitary experts in the civil department in order to help in the organisation of work in the actual field of war. That is because sanitary science is becoming an expert science, and the ordinary recruits to the medical department are not able, and will not be able hereafter, to cope with the work of the Sanitary Department. So, if these specialised departments are hereafter to be recruited on a different scale and in a different manner altogether, then the problem resolves itself to this, as to whether the 192 civil surgeoncies alone should be open to the Indian Medical Service out of the 285. There again we find that during this war almost all of them had to be drawn off, absolutely dislocating the work of the civil department; that is not a state of things which we can look upon without dismay.

Then, again, is there any great danger from the point of view of efficiency if those appointments which are now filled by Indian Medical Service men are handed over to the civil medical department? Here I have one or two extracts from the reports with regard to the conduct of men who had to fill these high appointments during the course of the war. "The places of the Indian Medical Service civil surgeons have been filled by retired officers to some extent but chiefly by the temporary promotion of civil assistant surgeons of the provincial cadre. I am glad to say that all these officers have worked conscientiously and discharged their duties of appointments in an efficient manner, and that as far as can be judged from the result of the past year's work, the popularity and usefulness of the medical institution have not materially suffered under the altered arrangements." That is from Bengal. Then with regard to Madras the position is equally clear. This is what the Madras Government have said in their report:—"The most noticeable point in the Surgeon-General's report is the increase in the amount of work done in spite of the depletion of the staff of all ranks. Less than a third of the ordinary establishment of Indian Medical Service officers remain in civil employment, and in the past year specially it has been impossible to keep all the dispensaries open continuously owing to the shortage of sub-assistant surgeons, but the attendance has gone up almost everywhere. Hospitals both in Madras and in the mofussil have been short-handed, but have been kept going by the exertions of the officers in charge and the number of patients treated and the number of operations performed have been larger than ever before, while the death rate has been lowered." That shows clearly that the civil assistant surgeons are fully equal to the work of civil surgeoncies and that the efficiency of the department will not suffer in any of the slightest degree.

Then, one of the most important arguments urged in favour of the retention of the present system is that it is economical and that it is therefore to the interest of the tax-payer that it should be preserved. Well, if the recommendations of the Public Services Commission are to be accepted, and the professorial and higher administrative appointments as well as bacteriological appointments, etc., are to be removed from the cadre, there seems to be very little in the way of economy to be effected or attractions to be offered by promoting Indian Medical Service officers to the civil surgeoncies. I think a scale of Rs. 500—800 has been proposed for the Indians. In the case of Europeans it is very much larger. It would be in the interests of economy that the medical service should be manned from recruits in this country. I think therefore that the arguments in favour of economy will not on strict scrutiny be found to avail the Government of India in support of their past policy. It would also be difficult hereafter to support the absolute dependance on England. It has been found, as Sir Pardey Lukis stated, difficult to get men for the service even in England. This is what he said:—"We must also remember that there has been a great decline in the number of medical students.

studying in England. During the past 21 years the average number of students showed a decline of 27.16 per cent, the admissions having fallen from 1944 in the years 1891-93 to 1,408 in 1909-11. The number of men qualifying in the same period had fallen from 1,479 to 1,082." The attractions for service in England are greater than they have been hitherto, and consequently we cannot go on increasing the salaries in order to attract men from England. Therefore, I submit that the arguments of economy do not hold the field against the proposals submitted. Mr. Sastri dealt largely with the question of the needs of European ladies. I think it is a question of sentiment, and I do not think we should import racial considerations into the matter. Looked at even from that standpoint, there is no force in the argument; we find that the number of lady doctors has largely increased, and facilities of communication have been greatly multiplied. But, apart from that, the experience of the last three years shows that, though there has been a decline in the number of European officers, no hardship has been felt; and as regards Indians working with Europeans the war has shown that Indian medical officers are as welcome in the ranks of the army as British officers. It is also suggested that, if necessary, the civil appointees should be asked to pledge themselves to serve outside India if necessary. The point was referred to in a despatch in 1910 to Lord Crewe. In answer to a question in 1916 it was said that 332 had volunteered, and, although there have been withdrawals, still the number of recruits from the civil ranks for military service has been very large. The real point is, whether we shall have a large number of medical men in India ready for service or whose services can be obtained. I think the growth of the Indian Medical Service can be fostered by the attraction that it would be possible for the men to aspire to the higher posts; the growth of the Indian civil medical service and profession is the only way in which that problem can be solved. You will be able to reduce the number of the military reserves as has been possible in England. I hope that the arguments which were advanced in 1910 have lost much of their value in the light of the experience derived from the war and will receive no weight, and that the dream of a civil Indian medical service which Lord Morley hoped to see realised in India at an early date will, during the *régime* of His Excellency Lord Chelmsford, become a reality and an accomplished fact.

(The Hon'ble Surgeon-General W. R. Edwards.) As the Hon'ble Mr. Sastri's resolution profoundly affects my own service I rise to reply to it. I need not dwell on the fact that the resolution is tantamount to the abolition of the distinguished service to which I have the honour to belong, but, before proceeding with my reply, I wish to say a few words concerning the work which has been done, by this service, in recent years, and which is still being done. For I do not think that this Council is fully aware of the extraordinary value of the Indian Medical Service, not only to India, but to the world at large.

I may begin by saying that no less than 34 members of the Indian Medical Service have gained that blue ribbon of the scientific world, the Fellowship of the Royal Society.

This service has worked out the life history of the malarial parasite, a discovery which has revolutionised our ideas concerning malaria, and which, among other things, has enabled the Panama Canal to be successfully built.

It has reduced the mortality of cholera by two-thirds, and shorn amoebic dysentery of most of its terrors; liver abscess, as a consequence, is no longer feared.

It has worked out the method of transmission of bubonic plague, work which points the way to the ultimate eradication of that disease.

Indian Medical Service officers have discovered the cause of relapsing fever, and its means of transmission. Enlarged prostate, that terrible and fatal concomitant of old age, can now be overcome, thanks to a member of the Indian Medical Service, and it was again an Indian Medical officer who invented the method of evacuating stone, in the bladder, by crushing.

The work of Indian Medical Service men in the domain of eye surgery, more especially with regard to cataract and glaucoma, is recognised throughout the scientific world.

This service discovered the origin of that dread disease Kala Azar, which is now no longer incurable.

We are carrying out extensive investigations into ankylostomiasis, a disease which is costing India millions of pounds a year, and also into bilharziosis, which now threatens to invade India.

Very important contributions to the knowledge of the world concerning snakes and their venom have been made, and are being made, by this service.

An Indian Medical Service officer is the greatest living authority on goitre. I may also mention the valuable work done on short fevers and the method of transmission of disease by "carriers" which is of such world-wide importance. All this may be known to the Hon'ble Mr. Sastri, but, if so, it seems to me another case of a prophet not being without honour, save in his own country.

The Hon'ble Member will, no doubt, say that all this can be done by the service he proposes to create, but I doubt it.

I will only touch lightly on the magnificent educational work done by the Indian Medical Service. Our students compete with success in England, and, according to the Hon'ble Member, are now fitted to replace the civil side of the Indian Medical Service. Sir George Makins told me that he was amazed at the perfection of our medical colleges and the completeness of their equipment. Expert professors could of course be specially engaged, but if men of the calibre of our present professors, can be persuaded to come to India, they will have to be paid from Rs. 4,000 to Rs. 5,000 a month, and even then would not have that intimate knowledge of eastern diseases which our men possess, and which is of such vital importance.

It must be borne in mind that very few Indian Medical Service officers make from £1,000 to £2,000 a year by private practice, whereas successful men in England make 5 to £15,000 a year.

Let it not be forgotten too that Indians are freely admitted into the Indian Medical Service, on the same terms as their British colleagues, and their number is steadily increasing.

Now, in peace time, 422 Indian Medical Service men hold civil posts in India, of which only 200 are civil surgeons, a mere drop in the ocean compared with the number of medical men that India should possess. Not long ago a distinguished Indian medical member of the Bengal Legislative Council stated before that assembly, that over 30,000 doctors were required in Bengal alone. There are at present only 2,000 on the medical register, and of these some 40 are Indian Medical Service men. Would it benefit Bengal to take away these 40 men, or can this small band be said to be standing in the way of the aspirations of the Bengal practitioners? I think not.

Again, to cut India adrift from intimate medical contact with more progressive western countries at this time, and this would undoubtedly be the outcome of this resolution, is, I venture to say, a short-sighted policy. For it must be remembered that before the war, Indian Medical Service officers were constantly availing themselves of study leave, and were to be found in every great centre of medical learning in Europe.

If I for a moment thought that the suggestions of the Hon'ble Member would make for increased efficiency, I would not for one instant oppose him, nor would I make any effort to prevent the breaking up of the Indian Medical Service.

The Hon'ble Mr. Sastri pleads that the country is too poor to give the pay necessary to maintain a highly trained Indian Medical Service, yet a highly efficient body of medical men save the money spent on them 100 times over, provided they are made use of.

Now I am coming to my main point. Whether the Indian Medical Service is disbanded or not, I am personally strongly in favour of provincial civil medical services. Such services we have already; but they might be greatly enlarged, especially in their public health departments, and at the same time, the old fashioned name of assistant surgeon should be dispensed with, and that hideous name sub-assistant surgeon forgotten. To form a separate Indian civil medical service seems to me unnecessary. What could such a service should do that cannot be done by provincial services?

The civil side of the Indian Medical Service is quite a different matter.

This service is the war reserve of the Indian Medical Service, and the war reserve must undoubtedly be

made use of by reserving for its members in peace time appointments in the provincial medical services. This is practically what we are now doing.

I will make myself clearer.

Every modern army must have a highly trained medical service, whose officers may be regarded as specialists.

They must be picked men, of good physique, capable of accepting responsibility, and of enforcing discipline; they must have plenty of initiative, and be ready at all times to risk their lives under fire; they must be carefully trained for their special work, and be exceptionally well acquainted with prophylactic medicine and hygiene.

Their numbers must be sufficient to carry on all administrative appointments, and all technical military medical work, in time of war, and be capable, at the same time, of absorbing and utilizing the services of a large number of surgeons and doctors, who have received no regular military training.

Now the present cadre of the Indian Medical Service is none too large for the Indian Army, and it forms a nucleus to which untrained medical men may be added.

At the present moment 334 of our reserve are back with the army, and 669 untrained practitioners have been absorbed.

The war has taught us, not that our reserve was unnecessary, but that it was vital; not that it was too large or overtrained in purely military affairs, but that it was too small, and undertrained in military affairs. Nevertheless it was the existence of this reserve that enabled the Indian divisions when they proceeded overseas, to go fully mobilized, at the most critical period of the Empire's history.

I cannot help thinking that the Hon'ble Mr. Sastri has not sufficiently weighed this important aspect of the case. Now it is obvious that in peace time, if military medical officers are to be kept fully employed, less than half their numbers are amply sufficient to carry on routine duties, and the remainder should be employed on civil work. The Hon'ble Member may say, if this is so, why is this not done in the Royal Army Medical Corps? My reply is, that it would undoubtedly be done, were the British Army in peace time stationed in England, and were there a civil medical service into which its surplus medical officers could be drafted.

As it is, the British Army is scattered over the world, and I am quite certain that most of the Royal Army Medical Corps officers would prefer to have more professional work to do in peace time.

I will not weary the Council by speaking further on this point, but before touching on the second part of this resolution, I think it my duty to inform this Council that there is every reason to fear that the Indian Medical Service, unless its conditions are greatly improved, will cease to attract medical men of the highest attainments, either British or Indian. It must therefore be mended or ended, and I unhesitatingly maintain that in the interests of India, the former is the wiser course.

The second part of this resolution depends on the class of medical men that it is desired to enlist into the Indian Medical Service.

If first-class men are required, they must be sought in the open market, and they must be paid their market value. I sincerely trust that none but the best will be considered good enough for India.

The third part of the Hon'ble Member's resolution relates to the military assistant surgeons. In the past these men, who serve only with the Royal Army Medical Corps when in military employ, have not been required to take a qualification recognised in Great Britain. It is proposed that in future they should do so, and this will entail an entire re-consideration and re-construction of their service. For the rest, much of what I have said concerning the Indian Medical Service, applies to them.

I may conclude by saying that the Government of India have under consideration the complete re-organization of both these services, and is not prepared to make any definite pronouncement of policy at the present moment.

(The Hon'ble Rai Bahadur B. D. Shukul.) Sir, I never expected that the resolution moved by my Hon'ble friend Mr. Sastri, and couched in such modest terms would meet with any opposition by my official friend on the opposite side, who has taken pains to recount the services rendered to the cause of medicine in this

country, by the Indian Medical Service. The resolution, Sir, should not be taken to mean that we belittle in any way the valuable services rendered to the country by the Indian Medical Service. All of us gratefully acknowledge those services, but this fact should not preclude us from suggesting a change which seems so essential to be made, in the very efficiency of the administration of the medical department in this country and we expect that our motives will not be misunderstood. It has been stated that the acceptance of the suggestion made by the Hon'ble Mover would revolutionize the whole service. It may be so. But there is nothing new in the suggestion embodied in the resolution. So far back as in 1908, Lord Morley proposed curtailment in the medical cadre and suggested that a strong effort should be made to reduce the number by gradually expanding the employment of civil medical practitioners recruited in India. But the suggestion was never acted upon and till but lately the Indian Medical Service has remained a close preserve for Europeans. In fact, it has been a purely European service to the exclusion of Indians but for a few notable exceptions here and there. Sir, as the exigencies of the present war have proved so abundantly, the whole organization of the medical department was dislocated, and had it not been due to the substitution of the Indian element, depletion caused would have been most acutely felt.

Sir, the present war, which has unmasked many pretensions and illusions sacred to the cause of vested interests, has by the wider employment of Indians to the responsible administrative charges, proved their high capacity to discharge the onerous responsibilities pertaining thereto. Thus after conclusive proof having been obtained of the fitness of Indians to hold the charges hitherto held by Indian Medical Service officers, and after the experiment having been given a successful trial for the last three years, it would be absurd to attribute to the paucity of capable Indians possessing the requisite grit and capacity, being the chief cause of the recruitment of Indian Medical Service officers from England. The separation of the civil and military services as advocated by the Hon'ble Mover, and his suggestion to consider requirements of the medical department from a civil point of view are quite capable of practical accomplishment, and should not be any longer deferred, especially, in view of the fact that if the recommendation of the Public Services Commission Report is to be accepted and the salaries of Indian Medical Service officers increased, the Indian Medical Service, I contend, will be too dear to be retained in India and will hardly be such as the limited means of this country would be capable of admitting. Besides, immediately after the cessation of the war money will have to be provided for the introduction of the various reforms most calculated to improve the moral and material conditions of the people. Any proposal to create unnecessary expenditure, therefore, deserves to be strongly opposed by this Council.

If, Sir, the present emoluments allotted to Indian Medical Service officers have ceased to be sufficiently attractive, why not adopt an easier and more expedient and economical course of substituting Indians. The difficulty in securing an adequate supply from England, in itself, is a justification for the recruitment of a very large contingent in the country itself. As the experiences during the war times have shown that civil assistant surgeons are in no way inferior to Indian Medical Service officers in point of fitness, rather that they are more useful, having the distinct advantage of possessing intimate knowledge of the habits, customs and temperaments of Indian patients, the Government, I am sure, will have no difficulty in obtaining the requisite supply of suitable men, even though the present salaries may fail to attract an adequate number of officers from England. Let the Indian civil medical department be constituted on the lines suggested by the Hon'ble Mover, having in view the medical needs of the country, and the adequate supply of qualified candidates, I am sure, will be available to us in this very country. Consider the question from any point of view, Sir, the suggestion in my humble opinion is one of which considerations of prudence and economy would counsel prompt adoption.

(The Hon'ble Dr. Tej Bahadur Sapru.) Sir, there is one preliminary remark which I would like to make before discussing the various points which have been raised in the debate, and it is this, that the recommendations of the Public Services Commission on

questions relating to the medical services should by no means be taken to be final. They themselves very clearly indicate in their report that at the stage at which they were writing their recommendations they intended them to be taken as merely tentative. I will read just a passage to show that. On page 245 of their report they say :

"Since, however, our inquiry in India was concluded it (the service) has been exposed to the more serious strain of the present war, to meet the needs of which 286 officers of the Indian Medical Service and 113 of the Indian Subordinate Medical Department had been recalled from civil to military duty down to the 8th April 1915. This has obviously produced a new situation, calling for fresh investigation, and we recommend that this be undertaken at the conclusion of the war and in the light of the experience gained during its duration. For the purposes of this annexure we shall assume that the existing system will be maintained in its essentials."

Now, Sir, they refer here to the 286 officers of the Indian Medical Service and 113 of the Indian Subordinate Medical Department who had been re-called from civil to military duty up to the 8th of April, 1915. I venture to think that between the 8th of April, 1915, and now a still larger number of men have been recalled to military duty. Well, if such a large number of men have been re-called to military duty, it will be interesting to inquire as to how their duties in the civil department have been carried on during their absence on military work. Sir, I do not know of other parts of India, but speaking for the province to which I have the honour to belong, I can say that in a fairly large number of districts where we used to have Indian Medical Service men we now have assistant surgeons doing precisely the same class of work, and yet during the last three years, I do not think that there have been any complaints made either in the public press or in any official communication with regard to their capacity. Well, three years is, I should think, a sufficiently long time for passing judgment upon an experiment of this character. If you find that during the last three or four years these assistant surgeons who have been placed in the same position merely because of the necessity of the situation have been doing their work quite as well, and it has not been pronounced to be a failure, I think bare justice requires that their claim to the higher position for which Mr. Sastri has entered such an effective plea this afternoon, should be at once recognised.

Now, Sir, the honoured head of this distinguished service has, this afternoon, paid a very handsome tribute to it. I do not grudge that tribute. On the contrary, I am one of those who are only too willing to recognise the great and distinguished services which the Indian Medical Service has rendered to the cause of science, as well as to the cause of suffering humanity in India. I wish, however, that we had in our Council one non-official representative of the medical profession in the country, so that we might have heard what he thought of the profession at large itself. As one, however, who does not belong to that profession, but who has been in intimate touch with many of the leading representatives of that profession and who has known their worth and work, may I be permitted also to say that the medical profession in India can boast of very many eminent representatives who have made their mark in science and whose worth has been recognised by learned societies not only in India but also in Europe. I will not refer to names, but I think a few names will at once come up to the minds of the members of this Council, names of men who have shed a lustre upon their profession in Bombay, Calcutta and Madras, and also in my own province. Well, Sir, if these low-paid assistant surgeons, kept always in subordinate positions, had also been given the same opportunities and the same facilities for developing themselves, I venture to think that a larger number from among them would have given quite as good an account of themselves as some of the members of the Indian Medical Service have done.

Now, Sir, there can only be two tests in disposing of this question. The first is the test of efficiency, and I have already submitted that the experience of the last three years has proved the contention that these men, if they are given an opportunity of working in the higher spheres, can prove as efficient as those who have been working above them.

Then there is another aspect of efficiency, and it is this. In time of war, a large number of these men are apt to be called to military duty as indeed has been the case during the last four years, and we find that, at any rate in some departments, work is seriously dislocated. I find from a memorandum submitted by the Director-General, Indian Medical Service, which is printed in the report of the Public Services Commission, that, as a consequence of the war, no less than two professors from the Lahore Medical College, three from the Madras Medical College, one from the Calcutta Medical College and two from the Bombay Medical College had to be recalled from their professorial work. I cannot find in this memorandum who were the men who were sent in their place, but one thing is quite clear, and it is that, if these gentlemen who are specialists in their subjects have had, under the pressure of the war, to give up their professorial work, naturally the efficient discharge of the duties in those colleges must have suffered to some extent at any rate. So far as these professorial appointments are concerned, I do not see any reason why they should be the monopoly or almost all of them should be the monopoly of the members of the Indian Medical Service. Surely, it cannot be contended for a moment that you cannot get great experts either from India or from England, if the necessity for them arises. But why should we assume that the Indian Medical Service alone is capable of giving us experts of this type who can do the teaching work in these medical colleges? Then the next important test is this—and I do not speak disparagingly of the Indian Medical Service, when I refer to this aspect. The medical men have to come directly into contact with the people and with their lives, and I venture to think that an Indian doctor, who lives, moves and has his being amongst his own countrymen, knows a great deal more of Indian life than a European doctor, howsoever capable, howsoever efficient, and howsoever able he might be. Again, we know that, so far as the general public are concerned, they find that a European doctor is much more expensive than an Indian doctor is. Well, if that be so, I do not see any reason why we should have such an expensive service when we find that Indian doctors can be more readily available and are much more acceptable to the people in the mofussil where people are not in a position to pay heavy fees.

Sir, from whatever point you approach this question, I think it must be admitted that it can no longer be approached from the point of view of vested interests alone. There are larger interests at stake, the interests of the free development of science and the interests of humanity at large. These interests have got to be weighed against the interests of the service, and, while I should not like that any injustice should be done to the large interests of this great service, and, while I should like the interests of the country as well as the interests of the independent medical profession to be borne in mind in coming to a conclusion upon this question.

Sir, I do not wish to say more with regard to the remaining portion of the Hon'ble Mr. Sastri's resolution. I will content myself by saying that I entirely endorse his remarks with regard to clauses 2 and 3 of this resolution.

(*The Hon'ble Sir William Vincent.*) Sir, before I address the Council on the subject of this resolution, I should like to join very sincerely with the Hon'ble Mover in his expression of regret at the loss which this Council and the Government of India have suffered in the death of Sir Pardey Lukis. I do honestly feel, and I am sure the members of this Council will feel too, that his great knowledge, his sympathy, his experience and his judgment would have been of the greatest value to us on this occasion.

On the subject of the resolution, I do not propose to repeat the remarks of the Director-General, but I should like to place clearly before the Council the issues that are raised by this resolution as they

appear to me. The recommendation that a civil medical service should be constituted wholly independent of the medical organization of the army seems to suggest—and this argument was developed by the Hon'ble Mover—that the civil medical administration is in normal times subordinated to military considerations. I wish to say that, as far as I know, save for the employment of the medical war reserve on civil duties, the civil medical administration is independent of the military. When Government have to decide civil medical questions, they do so on the merits and are not influenced at all by military considerations.

It is true that Government take into their employ a number of military officers exceeding the sanctioned war reserve; but this is done in the interests of the civil administration. For, not only have we to provide a leave reserve for officers in civil employ in peace times, but there are many appointments, including administrative appointments, from which it is undesirable to remove incumbents even during the war. It may be fairly said that civil requirements have been subordinated to military during the war, but I would point out that during this exceptional time not only the medical interest but every interest in the country has been sacrificed, and rightly sacrificed, to paramount military necessity, and I urge that no general argument can be based on this fact. I therefore ask the Council to put aside any exaggerated ideals of the subordination of civil to military interests. Well, the Public Services Commission, like the Hon'ble Mover, recommended the creation of a civil medical service, but they recognised, I think, the advantages of continuing to employ a war reserve in peace times, and only suggested certain conditions designed to prevent the civil administration being swamped by military officers. It is quite true, as was said by the Hon'ble Dr. Sapru, that their proposals were modified by the factor of this great war, and that they did suggest that the whole question should be re-examined at the end of it. But I am citing the actual recommendations which they made, and whether we approve of those recommendations or not, they have at least this merit, that they do not contemplate sweeping changes during the war and were mainly confined to suggesting improvements in existing arrangements. I gather that the Hon'ble Mover would, however, exclude military officers from civil medical employ entirely. Am I correct in that? I should like to know. May I ask the Hon'ble Member if that is so?

(The Hon'ble Mr. Sastri.) I am afraid that is the drift of my resolution.

(The Hon'ble Sir William Vincent.) That then is the Hon'ble Member's intention. At one time I thought that it was his intention to create a sort of co-ordinate civil cadre, but I gather that is not correct.

(The Hon'ble Mr. Sastri.) I said so in my speech. That was a modification I introduced in my speech and I cannot pretend that the terms of my resolution would justify that.

(The Hon'ble Sir William Vincent.) Well, if it is the Hon'ble Member's intention to create a co-ordinate civil service and to transfer all the higher appointments to this service, excluding military officers from such higher appointments, I submit that the scheme is impracticable, for the two services could not work alongside in that way, and one would infallibly absorb the other. There could be no dual control and the result would be a complete subordination of military officers to civil officers; this would necessarily mean in a very short time the exclusion of all military officers from the civil medical department. Here I will pause to explain a point which may conveniently be noticed. Although I could not personally view with equanimity such a proposal as he makes, I want to make it clear that, apart from the requirements of the war reserve, the Government are in no way even at present bound to any policy of reserving posts for the Indian Medical Service, and I am sure they are prepared sympathetically to consider any system by which medical officers of the necessary qualifications can be admitted to the present medical service. I should like to emphasise this view because I fear that otherwise it may be suspected that the Government are not

alive to the very great merits and the excellent work that has been done by civil assistant surgeons. That is not the case. During the present war they have, as has been pointed out by various Hon'ble Members, rendered great and meritorious service to the Government. But I think myself that it would be most unwise—at present at any rate—to accept any system by which military officers were entirely excluded from the service. I put it to the Council that this is a proposal made neither by the Royal Commission nor by any member of it, and I do feel that if Indian Medical Service officers are excluded entirely from the civil medical administration, it will be difficult, if not impossible, to replace them by officers of the same calibre and efficiency. The Director-General has given a brief résumé of some of the more striking achievements of the service in recent years, and I think that short as it is this résumé is a remarkable testimony to the work that has been done by the Indian Medical Service—a service which has indeed the most distinguished record behind it, officers of which have saved untold suffering in India and in other countries far and wide, earning for themselves a name second to none. Now, I fear that no ordinary civil medical service, lacking the organisation, the prestige and the extraordinary area of opportunity which the Indian Medical Service possesses, would ever achieve the same results. Further, nearly all the officers of the Indian Medical Service possess English degrees and have been trained in England in specialist and practical work, which officers trained in India are generally unable to obtain—not through any fault of their own, but simply as the result of local conditions. For many years I believe that the Indian Medical Service attracted the cream of the medical schools in the United Kingdom. It may be doubted, I think, whether a civil medical service would attract men of the same qualifications.

Another advantage of the present system is, that it keeps India in immediate contact with medical science in the West. Whatever may be the case as to other services, in the case of this service it is pre-eminently necessary that the closest possible touch should be maintained with the traditions and progress of western medicine. The Indian Medical Service has done much to maintain this touch, and I feel myself—and I hope that others will feel too—that any action of the Government which would tend to break or weaken this connection might be disastrous to medical science. It has been alleged that a civil recruited medical service would be cheaper. I doubt if that is the case. If the Government desire to attract medical officers to this country from the United Kingdom or from Europe with European qualifications for a purely civil service, then, I believe, they will have to pay much higher rates than are paid now. If of course the Government does not desire to obtain the services of such men, then the position is different, but this would involve a complete breaking off with medical progress in the West. My belief is that if it was a question of a purely civil medical service the Government would not be able to recruit officers of the same qualifications and capacity, with English degrees, as cheaply as they obtain them at present.

Now I gather that the Hon'ble Mover's intention—as it always is and rightly from his point of view is—was to employ more Indians in the civil medical administration. I think this is the aim that he has in view, and I should like to point out that Indians are now coming into the Indian Medical Service in largely increasing numbers. I looked at the figures this morning and I saw that in 1914—that is, the last year for which I could get figures—40 per cent. of the candidates were Indians, which is a remarkable advance on previous years.

(The Hon'ble Pandit M. M. Malaviya.) How many passed?

(The Hon'ble Sir William Vincent.) Forty per cent passed. I am quoting figures of successful candidates.

Then, Sir, the suggestion has been made that the present system discourages the growth of the Indian medical profession. The Commission, if I may say so, in paragraph 28 of the annexure to their report pointed out the essential fallacy underlying this argument. They expressed the clear opinion that the

question of encouraging the growth of an unofficial medical profession was entirely separate from the question of limiting or reducing the number of Indian Medical Service officers in civil employ, and with that view I venture to agree. Again, it has been stated that all the professorial chairs, or nearly all, in the important hospitals are reserved for members of the Indian Medical Service. If that is so, or if that were so, I agree that there would be some cause for complaint, grave cause for complaint. But I find on looking to the facts that a number of these professorships are in fact open both to private practitioners and to civil assistant surgeons. For instance, I believe I am right in saying that four professorships in the Grant Medical College, Bombay, are at this present moment held permanently by private practitioners. The question of increasing that number is, in my judgment, a very reasonable suggestion, but it is an entirely different question from permanently excluding the Indian Medical Service from any chance of obtaining them.

Finally, I should like to turn to the important question of military considerations. Mr. Sarma has told the Council that if the millenium comes, if there is a general disarmament, the whole system of the Indian Medical Service may be changed. Well, I grant that, Sir; but I fancy it is a little premature to anticipate any such result from this war. He then continued by quoting at me a report of which I was one of the authors. I can only assure the Council that when that report was written (and I have General Bingley's authority for what I say), it was never contemplated that it could be made the basis for an allegation that there should be a separate civil medical service for India. What was stated in that report was, that the present system would need re-organisation at the end of the war, and that is a position from which I do not resign and which I understand that my Hon'ble colleague maintains to this moment. In any case, the military considerations require that an adequate and efficient medical reserve should be immediately available at any time for war service, and I put it to the Council that as far as human ingenuity has gone at present in this country, no better or cheaper method of securing this reserve has yet been discovered than the present system. The prospects of civil employment are too many in the Indian Medical Service, I believe, a great attraction, and I fear that if this attraction were removed the military service would have to be paid more than it receives at present. From the expenditure point of view, therefore, the present system has some advantages. Further, I may say that it provides sufficient medical work for our reserves in peace time, and that employment of this reserve on civil duties is probably the best way of utilising their services. Again, even supposing that we can impose obligations for war service on civil medical officers—and I myself have little faith in that expedient—I cannot see that it would offer any advantages over the present system. I say that I have little faith in that expedient because I have some experience of it. The Hon'ble Mover suggested that it might be possible to insist on an undertaking from every civil medical officer that he would proceed on military service when required to do so. Well, the fact is that we have taken such undertakings from sub-assistant surgeons, and in many cases when the officers were called on to fulfil their obligations they have refused to go on active service. We have had a number of men who have resigned their appointments or been dismissed rather than accept this alternative of going on service. Further, however efficient civil medical officers may be in civil employment, they must be totally inexperienced in military duties and would have to adjust themselves rapidly in war time to an organisation with which they would be entirely unfamiliar, their usefulness being proportionately impaired. Finally, I may say that the removal of purely civil officers in war time from their ordinary employment would cause no greater and no less dislocation than is at present caused by the removal of Indian Medical Service officers.

I think I have said enough to show the Council that there is much to be said in favour of the present organisation. It is not, however, on these grounds which merely embody my personal views that I oppose

the present resolution. I oppose it on the ground that it is premature and that it is impossible for the Government to accept it at the present time. It would be hopeless to attempt to revolutionise the medical organisation during the war; and if the Hon'ble Mover's intention is merely to settle the lines of future reform my answer is that, in my opinion, it would be unwise to speculate now as to the changes which may be found advisable after the war. That there will be changes I do not doubt; but it is humanly impossible to foresee what they will be. One thing I feel sure of, namely, that one of the great problems after the war will be to provide an adequate medical reserve. For surely, if the experience of the present war has taught us any one thing, it is the lesson that civil efficiency must be combined with and subserve military preparedness. But I maintain that beyond this it is impossible for us to try to settle the lines of the future at present.

I urge, therefore, that it would be premature at present even to attempt to dictate a policy to govern the settlement of a question complicated by many unknown factors.

As regards the second part of the resolution, that part which deals with the pay of Indian Medical Service officers, I may say at once that the Government have reached no decision on the Royal Commission's recommendations, and until they have come to some conclusion on the point, I am compelled to oppose the Hon'ble Member's resolution.

I can assure the Hon'ble Member and his supporters, however, that Government, and in particular the Finance Member, will not lose sight of the arguments that have been put forward. But I think the Council will recognise the fact that great difficulty was experienced even before the war in obtaining recruits in sufficient number and of the proper calibre, and one can foresee that the difficulties will be far greater after the war. These are facts which the Council and the Government will have to consider; and the situation must be faced and met. In these circumstances, I submit that it would be unsound for the Council to recommend a summary rejection of one obvious and possibly effective method of attaining the object in view, especially as no alternative suggestion has been put forward.

Turning to the question of military assistant surgeons, all I can say is, that it would be most undesirable during the present war to attempt to disturb arrangements by which the war reserve is employed in civil duties during peace times. I admit there is a very great deal of force in the arguments of the Hon'ble Member, but he must not forget the practical difficulties of the situation. I am not in a position to state if Indians can be employed more generally for attendance on British soldiers; that is a matter for the military administration, but if they cannot be so employed we have to retain some service similar to the existing one. If the prospects of civil employment for this service are to be substantially curtailed, the question of increasing their military emoluments will have to be considered. On the other hand, the Director-General has explained what has been done to raise the standard of their qualifications, and if these efforts are successful many of the criticisms made will be met. I will only add that I believe the service as at present recruited contains many officers of great ability and that by reason of their organisation and training military assistant surgeons are particularly well suited for many appointments in which administrative capacity is required. Further, the fact that the service consists of Europeans and Anglo-Indians facilitates the provision of medical officers for stations with an European population. So long as present feelings and prejudices continue there are benefits in retaining a service of such a kind. Mr. Sastri speaks of gratuitous services—it is not a question of gratuitous services at all. Civilians certainly pay for medical attendance on their families. Well, Sir, I fear that the Hon'ble Member may think that I have not treated his resolution very sympathetically, but apart from the fact that sympathy from Government is apt frequently to be misunderstood and seems to be regarded with suspicion by some, I feel that I must be particularly guarded in my reply to the resolution of which the first and last part touches

most important and difficult questions which the Government consider it wholly premature to attempt any settlement of at present, while, as regards the second part, I think that the Government must decline to debar themselves from taking such action as they, after considering all possible alternatives, may think necessary to secure that the most important element in the civil medical administration maintains the high qualifications on which it justly prides itself and which have conferred almost inestimable benefits on this country. With these words I oppose this resolution.

(*The Hon'ble Pandit M. M. Malaviya.*) Sir, I feel disappointed in the attitude taken up by the Hon'ble the Home Member. In dealing with the resolution he started with saying that the matter was a delicate one to deal with at the present time, but he went on to put forward reason after reason why the proposal should not be accepted. This is a rather unsatisfactory position. If the resolution was one which it was not expedient in the opinion of the Hon'ble Home Member to discuss at this juncture, he would have done well to tell the Hon'ble Mover that it should be postponed. But having admitted the resolution to discussion, the Hon'ble Member should have dealt with it in a spirit of greater sympathy.

I fear, Sir, that there is some misunderstanding even in high quarters in regard to this resolution. I listened with great interest and attention to the remarks of the Hon'ble Surgeon-General Edwards. I was sorry and surprised to hear him say that the resolution was tantamount to a proposal for the total abolition of the Indian Medical Service. I am sure there is nothing in the resolution that could support that view. Neither in the wording of the resolution nor in the speech of my Hon'ble friend who moved it was there anything to justify the view that the abolition of the Indian Medical Service was sought. I join with the Hon'ble the Director-General in paying our grateful tribute to the excellent work that the Indian Medical Service has done. We are grateful for it. We feel proud of it. At the same time I think that the time has come when members of this service as well as the Government should look at the question from the Indian point of view. Let us approach it from the standpoint of what is right and fair to Indians as well as to the Indian Medical Service; let us put aside for a moment considerations of vested interests—I use the expression without meaning any offence—let us consider what is right and proper from the Indian standpoint. When the Public Services Commission made their report, out of 563 superior appointments 446 were held by officers of the Indian Medical Service; 47 by officers of the Indian Subordinate Medical Department, i.e., military assistant surgeons, and only 70 by civil medical officers; that is to say, 79 per cent. of the superior appointments were held by officers of the Indian Medical Service, 8.5 by members of the Indian Subordinate Medical Department, which is closed to Indians, and only 12.5 by civil officers. In 1913, out of a total of 772 officers in the Indian Medical Service only 54 were Indians! This number has risen to 77 since then. Now I put it to the distinguished Surgeon-General and to the other members of the Council whether this is fair to Indians or to India, and whether it is not high time that this proportion should be altered? I do not think any one of them will say that it is right that after more than half a century of the existence of this service only 77 Indians should be found in an Indian service consisting of 772 officers. If it is not, what should be done to remedy it? The resolution suggests what may be done. There is not, as I have pointed out, any suggestion in the resolution that the Indian Medical Service should be abolished. We are not blind to the fact that in this country we have not got those medical institutions as you have in England. But I ask you to consider whether the non-existence of these institutions is not the result of the present system of recruiting the Indian Medical Service? So long as you will not look for the recruitment of this service in India, you will not get institutions where the highest education can be imparted. I consider it a matter of regret and of reproach to India that, while it has had such a large number of medical experts and distinguished medical men in its service there should not be one first-class institution where the higher training could be imparted, and that it should be possible to urge that the

absence of these institutions constitutes a difficulty in the way of employing Indians in the higher ranks of the service. You have had this service for a long time. By all means continue to have it. The British soldier is going to remain in India and the needs of the British soldier have to be met. But the Indian Army consists of both Britishers and Indians. You have hitherto had a preponderating proportion of British officers in the Indian Medical Service, and a small proportion of Indians. I ask you now to consider whether it would not be possible, whether it would not be fair and reasonable to largely alter the proportion? Hitherto you have had a war reserve of the Indian Medical Service men. But you have found in this war that the Indian assistant civil surgeons, as the Hon'ble the Home Member acknowledged in his speech, have rendered great and meritorious services to the Government. You have appreciated their work. Then why not now adopt a system by which the ordinary needs of the army will be met by a smaller number of men of the Indian Medical Service, and the extraordinary needs in times of war, for which a war reserve is maintained, by a larger number of men from the civil medical service such as is proposed by Mr. Sastri to be recruited? Hitherto you have had in the Indian Medical Service a war reserve, larger than the body in active service. Is it not time that you should largely reduce this war reserve, and should look in a larger measure than heretofore to the civil medical service, as it is proposed to be constituted, to supply the need of the war reserve in the future? You have now tested Indian civil assistant surgeons; you have found them efficient. I heard with great satisfaction the appreciative remarks made about our medical students and our medical colleges. The Hon'ble the Surgeon-General told us that such a high authority as Sir George Makins was amazed at the perfection of our colleges and the completeness of their equipment. Our students had thus the advantage of receiving a high degree of education. You have found in practice that they stand every possible test. Why not then cut down the number of Indian Medical Service men and restrict them to service in the military line alone, and look for the war reserve more largely to the civil medical service, which has been proposed? One advantage of it will be this: One of the complaints of us Indians is that under the present system India loses the benefit of the experience of the distinguished medical men of the Indian Medical Service as soon as they retire from service or return to England. Let us look at it in a serious way. We honour the members of the medical service of whose good work the Hon'ble the Surgeon-General reminded us, but how many of them would stay in India after retirement? Would not India be a great gainer if many of the members of that service settled down in this country? How is that possible? If you will not give the highest instruction to Indians in medical science, and if you will not give them all the stimulus that is needed to enable them to work for the best results which can only be achieved by throwing open to them the highest appointments in the civil medical service, how can you expect Indians to show the same results? I take it that our friends of the Indian Medical Service who come in touch sufficiently with Indians are convinced that there is nothing in the Indian brain which makes it unfit to absorb and profit by the highest medical knowledge and experience.

I take it, Sir, that the civil surgeons and assistant surgeons and private medical practitioners, to whom my friend Dr. Sapru referred, and who are flourishing in numbers in Bombay, Calcutta and other centres have proved beyond doubt that the Indian doctor is capable of doing as high and as good work as any of his fellowmen can do in this department. If that is so, all that is needed is to give greater opportunities to Indians. In the existing state of things the highest services have been reserved to the members of the Indian Medical Service, and this takes away a great deal of stimulus from Indians to work in medical science. And I submit, Sir, that after a century and a half of English administration in this country, when India has had up-to-date provision made in every department of administration, it is high time that the Government of India endeavoured steadily to train Indians to the highest pitch of efficiency as medical men and employed them in the highest offices.

There is not the least race feeling in our minds regarding the employment of Britishers in the Indian Medical Service. The real feeling is that medical

science should become more nationalised, that the results of medical researches and the advantages accruing from a knowledge of medical science should be retained in India; they should be scattered more broadcast in the country, that they should go down among the people in a larger degree than is possible under present conditions. It is towards that end that it is suggested that a separate civil medical service should be constituted. It is in the interests of humanity that it should be so constituted. Where our existing institutions are deficient, let provision be made for improving them up to the highest standard. Let it be open to Indians as much in practice as it is in theory to obtain a fair share of appointments in the Indian Medical Service, if they prove their merit and worth. At the same time, so far as the Indian Medical Service is concerned, its wants are multifarious, and the Hon'ble the Surgeon-General referred to the necessity of a much larger number of medical men being required for serving the people. I can assure him that that need presses very heavily upon the minds of many of us who look into these questions. We do want more medical men. Very well, how will you give us more men? We show you the way. If you think that you will not be able to get as good experts as we do, we are quite willing that higher emoluments should be given to distinguished medical men whom it may be necessary to import for the service of the army. We are willing that the most distinguished medical men should be invited to help us wherever it may be necessary and to train our young men for future work. Nobody desires that the wants of the army should not be fully, fairly, and reasonably met. But what is urged is that the wants of the army should not dominate the question of the existence of a civil medical service which has to meet the wants of many millions of people, whereas the Indian Medical Service is only wanted to meet the requirements of a comparatively small number of men. We submit that the wants of the civil population should be better provided for by the constitution of a separate civil medical service. That is the object of the resolution. If, as it has been clearly stated here, a civil medical service is to be constituted, it should be wholly an Indian medical organization to meet the wants of the Indian army. I think, Sir, that in respect of health and disease no population can be said to be immune from it at any period. No one can say that at any time when the wants of the army will be the greatest, the wants of the civil population will not be equally great, and if you have simultaneously the needs of the army and the needs of the civil population pressed upon you, either the one or the other must suffer in the existing condition of things, when a large number of capable trained officers must be diverted from one to the other. It was said that the taking away of 286 officers of the Indian Medical Service from civil to military duty did not seriously dislocate work. The Commission has not accepted that. The Hon'ble Sir Mahadeo Chaula pointed out that if you take away such a large number of trained medical men from civil employment the work must be seriously dislocated and the civilian population must suffer. It is, therefore, urged to provide for the needs of the army to the extent that is reasonable, and make the civil medical service independent of the medical organization for the army.

Then, Sir, a strong feeling exists against the appointments to professorial chairs being given to members of the Indian Medical Service. This has distinctly prevented the growth of a large number of medical practitioners in this country. It is desirable that you should give all the encouragement that is possible to be given by the Government in order that such a service should grow. At present it is a matter of complaint that all the higher professorial chairs are filled up by members of the Indian Medical Service. In the appendix to the report of the Public Services Commission, it has been pointed out that out of a total of 37 professorships 33 were held by officers of the Indian Medical Service, and only 4 by civil medical officers. I put it to my friends of the medical service whether it is a satisfactory state of things that after half-a-century of medical education in this country, after Indians have gone out to other countries to qualify themselves in medical colleges and have distinguished themselves in the profession, there should be only 4 civil medical officers holding professorships in a total of 37 professorships? So also is it with regard to chemical examinations. Six members of the Indian Medical Service are holding these, while

only one civil medical officer is holding an examination. I respectfully submit, Sir, that the present system works seriously against the nationalization of medical science in India. The Government ought to consider the problem from that point of view and ought to do what is right and proper to be done.

I will not say anything about the proposal of the Commission to increase the salaries of the Indian Medical Service officers, as the remarks of the Hon'ble the Home Member show that the Government of India are going to consider the proposal, and that no decision has been arrived at on that question. With regard to the third portion of the resolution about military assistant surgeons that ought to follow as a corollary from the first one that military assistant surgeons should not be employed as civil assistant surgeons. The Hon'ble the Home Member referred to the question of the prejudice that exists among Europeans and Anglo-Indians in the army about employing non-Europeans

(The Hon'ble Sir William Vincent.) I beg the Hon'ble Member's pardon. I did not suggest that. I only said that the question whether Indians would be suitable for attending British troops was one for the military authorities. That is all that I suggested.

(The Hon'ble Pandit M. M. Malaviya.) My friend has referred to this and he says it was for the military authorities to say whether Indians would suit the men in the army. I submit, Sir, that raises a very important question. We find.....

(The Hon'ble the Vice-President.) I must remind the Hon'ble Pandit that he has already exceeded his time, and that it is late.

(The Hon'ble Pandit M. M. Malaviya.) I thank you, Sir, I will stop here.

(The Hon'ble Mr. S. N. Bannerjia.) Sir, I desire to associate myself with the expressions of sorrow which have found utterance in this Council Chamber regarding the death of Sir Pardey Lukis. He was for a number of years Principal of the Calcutta Medical College. We honoured and respected him and we are grateful to his memory. For to his unselfish efforts aided by those of the Hon'ble Surgeon-General Edwards we owe the only independent medical school that we have in Bengal, the Belgatchia School, placed on a sound and satisfactory footing.

Sir, I join with my Hon'ble friend Pandit Malaviya in paying my tribute of homage and admiration to the splendid services which the Indian Medical Service has rendered, not only to this country, but to the cause of science and humanity at large. We are grateful for those services, but that is no reason why we should not approach this object of our adoration and try to find out whether the time has not come for making a change in its constitution. Sir, the Civil Service has done splendid service in the past, but is the Civil Service of India to remain the same as it is to-day? I hope not, I trust not, even for the sake of the Civil Service. Times are changing. India to-day is not what it was when the Indian Medical Service was created, and the war has thrown a flood of new light upon the situation. Sir, we find in Calcutta a medical profession strong in its capacity, strong in its qualifications, rising to eminence and distinction, and yet not a single member of that profession occupies a professorial chair in the Calcutta Medical College, yes one—I see my friend the Hon'ble the Home Member is looking keenly at his notes—one and only one, but even he does not belong to the front rank of his profession. And this one would not have been there, but for my friend over there, the Hon'ble Surgeon-General Edwards. There was a great deal of opposition and prejudice against that appointment and it was overcome by the present Director-General of the Medical Service. Well, we have Dr. Nil Ratan Sircar, Dr. Suresh Prasad Sarbadhikari, Dr. Suresh Chunder Bhattacharjee and other men of the highest distinction, and yet they do not fill any chairs in the medical college. In 1848—a year in which most of us here were not born I expect, not many of us except my friend over there, Sir Dinshaw Wacha—in 1848 we had Dr. Goodeve Chakravarti, who was succeeded by Dr. Rajender Chunder Chunder.

Then came a period of reaction, not a single Indian was appointed. Dr. Rasalal Dutt was appointed to officiate for a short time, and now, owing to the efforts of Surgeon-General Edwards, an Indian has at last been appointed a professor. Now, is this fair to the in-

dependent medical profession of any country and of a place like Calcutta? Four chairs held in the Medical College in Bombay by members of the independent profession will not satisfy the aspirations which have been created by the growing medical knowledge of our people all over the country.

Then, Sir, look at the matter from another point of view. Many of the European civil surgeons have gone on military duty and you have filled their places with Indian medical men. Have they been found wanting? I do not know of a single case of failure. They have done their duties admirably. What does that show? It shows that there was material in the country, indigenous material, available for the purposes of the country, capable of performing these high duties, and yet they were not employed and were only employed owing to the accident of war. I think this is not creditable to the Government. The Government is not moving with the spirit of the times. I am making a strong remark, Sir, but I am bound to make it, the Government is not moving with the times, I repeat, because if they had, they would have availed themselves long before this war of the medical services, of the medical talent in the country. Therefore, I say the time has come when the Government must face this question broadly and squarely in the face, take into consideration the changed circumstances, the growing aspirations, the growing knowledge of the people, and modify its policy in regard to the medical administration of the country upon those lines. It has to be borne in mind that Lord Morley suggested the separation of the two services. I do not know why it has not been carried out. Possibly there were difficulties raised here. That was several years ago and it has not been given effect to.

Then, Sir, reference has been made to the subordinate medical men—the military medical men. In Bengal, they have a training of four years. The graduates of the Calcutta Medical College go through a course of six years and are in point of medical qualifications infinitely their superiors, but they have got 47 appointments out of 98, and our Indian medical graduates have got 48 appointments out of several hundreds. Is that fair? I think not. I think the whole matter has to be looked into carefully in the light of these facts and in the light of the changed environments, and I do hope and trust that if the Hon'ble Home Member is not able to accept the Hon'ble Mr. Sastri's resolution, at any rate he will accord to that resolution his sympathetic consideration, take into consideration the views which he has put forward and which represent the opinion of the country. The Mesopotamia Commission itself has recommended a change, a change is inevitable, and if the change is to be made, let the views put forward in the resolution of my Hon'ble friend be taken into serious consideration.

(*The Hon'ble Mr. Sastri.*) Sir, amongst the points that have emerged in reply to this resolution I will take seven and dispose of them as briefly as I can. It was said that Indians were freely admitted into this service. The free admission of Indians into the service means placing them under the necessity of going to England for competition to enter this examination. If that is free admission, we have it. This free admission has hitherto brought in 54 men in a force of 772, or 7 per cent.....

(*The Hon'ble Sir William Vincent.*) May I interrupt? The figures I have are 77. Not, however, a sufficiently large difference to make much alteration in the force of the argument.

(*The Hon'ble Mr. Sastri.*) 77 would improve the figure by one.

(*The Hon'ble Sir William Vincent.*) It makes it 10 per cent, a small percentage I admit.

(*The Hon'ble Mr. Sastri.*) This number is due to the increased number of Indians admitted in the last two or three years, and this, Sir, has created a feeling of alarm throughout the service, which says there is free admission to the Indians. I think it has actually been proposed now—it came out abundantly in the evidence—that an Indian, before being admitted to this examination, should be compelled to undergo a hospital course in England. Some fix it at one year, some fix it at a year and a half and some fix it at two years. That, it seems to me, is not according us free admission, nor contemplating with equanimity the results of this free admission. Let it be remembered, too, that

it is becoming increasingly difficult for us to gain admission into any place of technical training in England. The Secretary of State finds it very hard indeed to get Indians admission even into the arts colleges, and if it were made a condition of admission to the examination that our men should have undergone a two years' hospital course in one of the great hospitals of London or Edinburgh, then you may as well say that it is anything but free admission. Now we were told, Sir, that great experts have been produced by the Indian Medical Service. Far be it from me to deny that fact or to underrate in any degree the great services which the Hon'ble Surgeon-General Edwards was enumerating and which I am perfectly free to admit is not even an exhaustive enumeration. But the great price that we pay for these men is not sufficiently appreciated. When we say for example that, when we want a great expert, we might bring him out from England or from any other country, it is said against us frequently "you will have to pay him three or four times the salary that you pay now to an officer of the Indian Medical Service." That is perfectly true so far as it goes, but I think all the sides of the equation are not taken into consideration. When we pay, for an organised iron-bound service, every member amongst them a very high salary and give him extraordinary inducements one way or another, we are paying the salaries of this lot in order to produce the one great expert or the one great genius. I submit, Sir, that if we got out four experts and paid them four times the salaries paid to officers of the Indian Medical Service, they would still be cheap when compared with the salaries that we pay to that service, in which certainly there is an expert now and then. Why talk of the abolition of this service? We never advocated its abolition. All that we said was that it should not be allowed to encroach on the civil medical service. Now the argument at once is that we want a certain number of men for the army, and, if 300 men are required for the army, there must be 700 men altogether, and 400 of these should be shoved into the civil medical service, and when they are shoved into it they must be placed in all the positions of power, in all the positions of trust, in all the positions of responsibility with material opportunities of distinction and of research work, in all the positions that carry opportunities of obtaining renown. Now is that fair to us? That this service has done good work is not denied. At the same time admit that another service, if given equal opportunities, might also do good work. Give our men an equality of opportunity and see whether they will not prove a credit both to the country and to the service.

Then, Sir, the Hon'ble Sir William Vincent said that the Government of India have shown great alacrity in Indianising the medical service; that whenever there was occasion they were very glad indeed, outside the war reserve, to admit Indians. Now I have to present the Hon'ble Sir William Vincent with a fact which perhaps he forgot. I will quote without any comment what the Government of India themselves said.....

(*The Hon'ble Sir William Vincent.*) I think the Hon'ble Member has misquoted me. Will he repeat exactly what he has stated?

(*The Hon'ble the Vice-President.*) I am afraid I did not catch what the Hon'ble the Home Member said, and I do not think that the Hon'ble Mr. Sastri caught it either.

(*The Hon'ble Sir William Vincent.*) I should like to know what I am alleged to have said, Sir.

(*The Hon'ble Mr. Sastri.*) I think I heard the Hon'ble Member say that the Government of India had hitherto shown a readiness and a willingness to admit Indians to, or to throw open to the profession, such posts as are not absolutely required for the war reserve.

(*The Hon'ble Sir William Vincent.*) Far otherwise. What I did say—and I have it here—was that "Apart from the requirements of the war reserve the Government are in no way bound to any policy of reserving posts for the Indian Medical Service, and I am sure they are prepared sympathetically to consider any system by which medical officers of the necessary qualifications can be admitted to such posts."

(*The Hon'ble Mr. Sastri.*) The Hon'ble Member has said nearly what I said. However, my answer is still

an answer. The Government of India reported in 1908 that a good third of the so-called war reserve was not really a war reserve and was not required for the purposes of the war reserve, and they promised in one of their earlier despatches that this one-third might be thrown open to the independent medical practitioner. But they soon pulled themselves up; that was too much. The Indian Medical Service was up in arms and the Government had to go back on their word. And here is what they wrote:—

"In 1908, we pointed out that about one-third of the civil appointments now held by the Indian Medical Service do not form any part of the war reserve, and that consequently there would be no objection, from a military point of view, to their transfer to medical men not belonging to that service. But we feel bound to recede from the position which we previously took up, because on further consideration of the question we are convinced that the mere transfer of a certain number of Government appointments from the Indian Medical Service to private practitioners would do practically nothing to encourage the growth of an independent profession; that most of the civil appointments now held by the Indian Medical Service could not suitably be given to men not in regular Government service with whom their private practice would be the first consideration; and that the retention of a considerable number of superior medical appointments for the Indian Medical Service is essential, not only in the interests of administrative efficiency, but also for the purpose of making the service attractive to able medical men."

That does not show, Sir, that the war reserve seems to be the limit of the appointments that have been declared open.

Now the Government of India have further enumerated the various steps that they were willing to take to encourage the independent medical practitioner in this country. Almost all of them are attempts or measures or attempted measures which we cannot view with the slightest satisfaction. One of them is the amazing fact that they have given India a Medical Registration Act in the various provinces, and that is a great means of strengthening the position of the independent medical practitioner. The Medical Registration Acts, which were opposed tooth and nail in all parts of the country, are put forward by the Government of India as measures for the encouragement of the independent medical practitioner.

Now, with regard to the position assumed by the Commission. It is perfectly true, Sir, that we have travelled beyond the limits of the stage reached not only by the Commission, but by the dissentient members of that Commission. Here is what the Commission says, a position which contradicts itself. Evidently the Commission were in more than one mind about the matter and did not know what to say. They have said: "Calculations should also be made and reviewed from time to time of the civil needs of the country, and a purely civil machinery should be created to meet all civil requirements." This is what they say "a purely civil machinery should be created" Lest, however, Hon'ble Members on this side should be carried away with too much joy, please listen to what follows. "The officers forming the medical reserve of the army should be admitted to the civil cadre so formed."

So a purely civil medical service means that!

"But if, after an estimate has been made of the military requirements in time of war, it is found that the number of Indian Medical Service officers available for civil employment, as determined solely by military requirements, is insufficient for the needs of the civil administration, then every civil medical post for which no war reserve officer is available should be

filled by civil recruitment, the method of which we shall proceed to indicate in the chapter of this annexure which deals with recruitment. We recommend further that, if the experience of the present war leads to such an increase in the military reserve as would seriously endanger the maintenance of a civil element in the civil medical administration, it should be considered whether a minimum number of civil officers in civil medical service should not be fixed. We also think it important that military officers who are admitted to the civil cadres should take their places with the civilian officers in the department in the same way that officers of the army hold Indian Civil Service posts in the non-regulation provinces, or are employed in the public works or railway departments. It should no longer be the case that the civil departments should be the adjuncts of the military services."

These are pious opinions, platonic homage rendered to the theory of a separate civil medical service. The actuality, however, is different.

Now, Sir, the whole thing seems to me to be a proof of the way in which what one may call service-patriotism asserts itself throughout the services. It is wrong to be selfish, but a man belonging to a service is not guilty of selfishness—in fact, considers himself entitled to consideration, if he advocates the merits and claims of that service even although they may exceed the bounds of justice. Now I am not one of those who think it is wrong on the part of a service to be proud of itself. No man worth his salt can think differently. But those who stand outside the particular service—the Government of India, who ought not to be wedded to any particular interest, who are interested in the calling out of all available Indian talent, and who are the trustees for the future of India—they ought to take an entirely detached, independent and impartial view of the matter. Are they satisfied that the continuance of the Indian Medical Service in the enjoyment of all its privileges and its practically exclusive monopoly of all important appointments in the civil medical service—are they satisfied that this is in accordance with the fitness of things? Is this going to be the eternal law of nature? Shall it never be time for somebody to rise up and say "Let us make some radical alterations?" I confess, Sir, it strikes me as most extraordinary that even the third part of my resolution should be resisted by the representatives of Government. I thought that I had only to read the sentence in the Public Services Commissions' report, namely, that people with non-registrable qualifications should be held to be superior to, or quite the equals of, the Indian Medical Service, I thought I had only to read that to evoke the indignation of just-minded people. But here I have to listen to statements both from the Director-General of the Indian Medical Service and the Hon'ble the Home Member to the effect that that is only right and proper, that it shall be continued until the right time comes when perhaps a few changes may be made. Now that, Sir, is not the attitude that I expect from the Government. Efficiency is not going to be affected by this proposal. We cannot in this country, we will not, Sir, listen to an argument which is based on the theory that the Indianization of any service means its continual inefficiency. We are emphatically of opinion, and we dare assert it as often as it may be necessary, that in our opinion the Indianization of the service will conduce to greater efficiency. It will, at all events, place within the reach of those who want the advancement of this country the services of a body of people who will be patriotic, who after their pensions will remain in India and give the benefit of their matured wisdom to the service of this land. The military officer comes within two or three years of his coming to India to the civil medical service and, towards the end of his service, or perhaps earlier still he leaves the civil service and is obliged to serve in the military department for a short time to qualify for his pension. Now his services are lost all too soon. A man is trained for several years in the civil medical service, but he does not remain there to give

the full benefit of his ripe experience to that department; and, when he has done everything, too early in life he gets his pension and he goes Home. Does it mean that the maintenance of such a service in the enjoyment of all the privileges which the Indian Medical Service enjoys is a necessity enforced upon the Indian administration? I venture to think, Sir, that another view is possible, and I would earnestly beg the Government of India to shake off all the inconvenient traditions that have gathered round themselves, to look at the matter not always from the convenient service point of view, but also, even if it be inconvenient, from the necessary, the just and the supreme point of view of the necessities of the people, and the interests of the future, of this country.

(*The Hon'ble Sir William Vincent.*) Sir, I should like to make one or two points clear which have not, in my opinion, quite unintentionally, I am sure, been placed very accurately before the Council. It has been suggested by the Hon'ble Mover that the intention of the Government is that Indians should not be employed freely in this service and that assistant surgeons should be excluded from the appointments which are now filled by members of the Indian Medical Service. Neither of these propositions has any foundation. I have stated that Indians are getting into the Indian Medical Service in larger numbers, and I have also suggested that it may be possible to open an increased number of appointments of civil surgeon or other appointments now ordinarily held by the Indian Medical Service to civil assistant surgeons. But what I do say is this, that the Council should consider whether it is advisable by a sudden change in the system of Indian medical administration in this country during the war to make changes which will involve the civil population being entirely dependent for medical treatment and for the teaching of medical work upon men trained in this country. That, I believe, would be the effect of the institution of any such service as that which the Hon'ble Member contemplates. Similarly, it has been suggested that the Government insist that professorial and other special posts should always be reserved for members of the Indian Medical Service. That is far from the attitude which the Government does take up. As the Hon'ble Member says "you seek to exclude Indians from those posts" I might retort by saying to him, that he seeks to exclude Indian Medical Service officers from posts for which they are peculiarly adapted. Otherwise, it is difficult to see why he should make a special point of excluding Indian Medical Service officers from high administrative posts. If it is unfair to exclude Indians educated in this country from such appointments, surely it is equally unfair to exclude men of equal or higher attainments who are members of the Indian Medical Service.

The Hon'ble Member then continued by referring to the Medical Registration Act. I understood him to say that the Government of India had alleged that thereby they had conferred a great boon on the independent medical profession in this country. It may have been said on some previous occasion; but I submit that it was unnecessary at any rate to use that argument on this occasion—an argument which as far as I am aware neither the Director-General of the Indian Medical Service nor I nor anyone else has used to-day.....

(*The Hon'ble Mr. Sastri.*) Am I precluded from using an argument advanced in Government blue-books simply because neither officer has used it to-day?

(*The Hon'ble Sir William Vincent.*) I submit that in replying to arguments on the other side, it is usual to confine one's remarks to points that have been raised during the debate.

(*The Hon'ble Mr. Sastri.*) I submit it as a point of order to the Chair.

(*The Hon'ble the Vice-President.*) I think the Hon'ble Mr. Sastri is in order. The argument may not have been a great one, but it was one in order.

(*The Hon'ble Sir William Vincent.*) There is only one other point. I understood the Hon'ble Member to suggest that the Government of India had turned a deaf ear to all his representations in regard to military assistant surgeons, and that the Government attitude was that they would not alter the present conditions in any circumstances. Sir, I

submit that this is an unfair presentment of what I said. I admitted the great force of the Hon'ble Member's arguments. What I did say was this, that during the continuance of this war it was impossible for us to make the change and that there were various considerations which would have to be examined, but I frankly admitted—at least I attempted to do so—the force of the Hon'ble Member's arguments, and I do submit to this Council that it is not reasonable in those circumstances to say that the Home Member turned a deaf ear or refused to pay any attention to what was said. Far otherwise. The position that I should like to take up is that which was put to me by the Hon'ble Mr. Surendra Nath Bannerjea and say that the discussion in this Council has served a useful purpose, that the arguments which have been used and the points that have been made will receive careful consideration at the hands of Government, but for the reasons I put before the Council, it would be premature and indeed most unwise to attempt any change in the medical organisation of this service during the continuance of the present war, the more so because so much will depend on changes in the military organisation that can only be effected after the conclusion of peace.

The motion was put and the Council divided as follows:—

Ayes—15.

The Hon'ble	Mr. S. N. Bannerjea.
"	Dr. T. B. Sapru.
"	Pandit Madan Mohan Malaviya.
"	Mr. V. S. Srinivasa Sastri.
"	Mr. R. Ayyangar.
"	Mr. B. N. Sarma.
"	Mir Asad Ali, Khan Bahadur.
"	Sir Dinshaw Wacha.
"	Mr. M. A. Jinnah.
"	Nawab Ali Chaudhuri, Khan Bahadur.
"	Raja of Kanika.
"	Mr. Mazharul Haque.
"	Raja Sir Rampal Singh.
"	Mr. G. S. Khaparde.
"	Rai B. D. Shukul Bahadur.

Noes.—35.

The Hon'ble	Sir William Meyer.
"	Sir Claude Hill.
"	Sir C. Sankaran Nair.
"	Sir George Lowndes.
"	Sir George Barnes.
"	Sir William Vincent.
"	Sir Robert Gillan.
"	Sir John Campbell.
"	Sir John Wood.
"	Sir James DuBoulay.
"	Mr. A. H. Ley.
"	Mr. H. Sharp.
"	Sir Edward MacLagan.
"	Mr. R. A. Mant.
"	Mr. H. F. Howard.
"	Maj.-Genl. A. H. Bingley.
"	Mr. G. B. H. Fell.
"	Mr. F. C. Rose.
"	Sir Hamilton Grant.
"	Mr. C. H. Kesteven.
"	Surg.-Genl. W. R. Edwards.
"	Mr. A. P. Muddiman.
"	Colonel A. J. Caruana.
"	Mr. W. M. Hailey.
"	Sir Robert Clegg.
"	Mr. M. N. Hogg.
"	Mr. F. J. Monahan.
"	Mr. E. H. C. Walsh.
"	Mr. C. A. Kincaid.
"	Sir J. S. Donald.
"	Mr. P. J. Fagan.
"	Sir James Walker.
"	Mr. A. W. Botham.
"	Lt.-Col. S. L. Aplin.
"	Maung Bah Too.

The resolution was therefore negatived.

PRIVATE MEMORANDUM PRESENTED, IN FEBRUARY, 1918, TO THE RIGHT HON'BLE THE SECRETARY OF STATE FOR INDIA, BY MAJOR-GENERAL W. R. EDWARDS, C.B., C.M.G., DIRECTOR-GENERAL, INDIAN MEDICAL SERVICE, COLONEL H. F. CLEVELAND, C.I.E., I.M.S., LIEUTENANT-COLONEL H. AUSTEN SMITH, C.I.E., I.M.S., AND LIEUTENANT-COLONEL R. A. NEEDHAM, D.S.O., I.M.S., AND SUBMITTED IN EVIDENCE BEFORE THE MEDICAL SERVICES COMMITTEE BY MAJOR-GENERAL EDWARDS, LIEUTENANT-COLONEL AUSTEN SMITH, AND LIEUTENANT-COLONEL R. A. NEEDHAM.

In response to the request of the Secretary of State for the views of the Indian Medical Service on the present position and outlook of our profession, we beg to submit the accompanying memoranda.

They represent our unanimous views, and we have every reason to believe that they formulate opinions which are held by the overwhelming majority of the service in India.

The memoranda are drawn up to show :—

- I. Three outstanding causes of discontent, which in our opinion should be remedied immediately.
- II. The position of the world shortage of doctors and the difficulties there will be in filling the gaps in the service on the conclusion of hostilities; and the urgent necessity therefore of considering at once the proposals put forward for attracting recruits to the service.
- III. The desirability of considering the principles of a scheme for amalgamating into one combined corps all branches of the Military Medical Department, and establishing in India a single medical corps for the medical charge of British and Indian troops, the war reserve to be employed during peace on civil duty.

We would venture to lay stress on the grave need for prompt action in certain essential and immediately pressing matters, for which the memoranda have stated the case, and we would draw attention to the recommendation at the end of memorandum III for the appointment of a committee representing both the Indian Medical Service and the Army authorities in order to secure agreement on a common policy.

I.

The state of discontent among the officers of the Indian Medical Service is notorious.

The following are extracts from opinions expressed by the administrative medical officers of the various provincial governments regarding the discontent in the service. These opinions are not the result of any special request. They are the opinions expressed openly and are within the cognisance of all local governments.

The Surgeon-General with the Government of Madras writes :—

"I have had unusual opportunities during the past six years of meeting a large number of Indian Medical Service officers in all parts of India, in many visits to Basra, and to East Africa as well as in France and England during the war. I regret to have to say that the Indian Medical Service was a dissatisfied and disappointed service before the war. It now seems to me to be a disgusted if not a despairing service. I am weary of listening to a constant stream of complaints most of which seem to me to be no mere 'grousings' but to be well-founded. The Indian Medical Service is disgusted to find itself involved in the condemnation meted out wholesale to everything Indian by the Mesopotamia Commission. The public in England put down to the Indian Medical Service the failure in Mesopotamia, and no doubt will also put down the failures in East Africa when they become public property entirely ignoring the fact that these failures have taken place under the command of the Royal Army Medical Corps and of several Surgeons-General belonging to the English service."

The Surgeon-General with the Government of Bombay writes :—

"I would point out that there was grave discontent in the Indian Medical Service long before war broke out mainly on account of questions of emoluments and leave. Since war broke out the discontent has increased but has not been ventilated in Medical Journals owing to patriotic reasons.

"As regards the future recruitment of the service there is no blinking the fact that the Indian Medical Service is a thoroughly discredited service in the

schools at home. The young British graduates cannot fail to see that its officers are discontented and disheartened, that its civil side has almost ceased to exist and that its military side occupies a subordinate position to the Royal Army Medical Corps in every war area and even in India itself."

The evidence of the Director-General from experiences when Surgeon-General with the Government of Bengal was of the same kind.

The Inspector-General of Civil Hospitals, Punjab, writes :—

"There is a wide and unconcealed discontent of officers in all ranks and department which has led to (a) a falling off in suitable recruits or indeed recruits of any kind, (b) the entrance of men of a lower professional standard, (c) the necessity for filling up vacancies by nomination, (d) the increase in the proportion of Indians of a lower social standing than formerly. To these may now be added (1) want of confidence in Government owing to its delay and seeming disinclination to improve the conditions under which they are serving, (2) statements, widely believed, that officers of the Indian Medical Service in military employ have been very generally placed in an inferior position to other medical officers as regards holding charge of remunerative appointments in the Field, (3) the knowledge that though the Indian Army has been enormously increased in size officers in the Indian Medical Service have not been given more administrative and senior appointments as in the Royal Army Medical Corps and in the Indian Army and (4) more important still owing to substantive promotion in the Royal Army Medical Corps, due to the great increase in the British Army, Indian Medical Service officers have become three or four years junior to those of equal length of service in that Corps and will thus be pecuniarily much worse off throughout the remainder of their service."

The Inspector General of Civil Hospitals, United Provinces, writes :—

"It is well known that even before the war there was a great decrease in the number of European candidates for admission to the Indian Medical Service. In short, the Indian Medical Service instead of being looked upon as the most attractive of all Government Medical Services has become the least attractive. Any qualified medical man with the attainments which were formerly necessary for admission to the Indian Medical Service can make with certainty a good living at home, and can reasonably look forward to making far more money than he would ever make in the Indian Medical Service. The whole circumstances of the medical profession in England have changed within the last 10 or 15 years and instead of the position of the young doctor being precarious, and instead of it being difficult for him to obtain employment, he is now able to command practically his own terms. A matter which is now causing much discontent among officers in the service and which will undoubtedly affect recruitment is the alleged unfair way in which during the war officers of the Indian Medical Service have been treated in matters of promotion as compared with those of the Royal Army Medical Corps and the way in which the service has been made subservient to the Royal Army Medical Corps. As to the reality of this grievance I can express no opinion, but dozens of young officers who have been on active service during the present war have talked to me on this subject, and they have, without exception, all expressed the view that, as compared with officers of the Royal Army Medical Corps, they have been unfairly treated, and they invariably state the opinion that in entering the Indian Medical Service instead of the Royal Army Medical Corps they made a grievous mistake. Lastly, the Indian Medical Service is unpopular among young medical men on account of the uncertainty as to what is going to happen in India as regards changes in the form of Government."

The Inspector-General of Civil Hospitals, Bihar and Orissa, writes :—

"There is undoubtedly a growing feeling of unrest and uneasiness among Indian Medical Service men as to what the intentions of the Government of India are, and such feelings will not be long in spreading to the

medical profession generally, if indeed they have not already done so.

"I am personally aware that the service is extremely unpopular under present conditions. I know and have been told of younger members of the service who are thoroughly dissatisfied with their prospects and have expressed their intention of retiring at the end of the war. Such expressions as 'The Indian Medical Service is done for,' 'It is not worth while entering the Service,' 'I am glad that I am ending and not beginning my service,' 'I would not put a son of mine into the Indian Medical Service' were frequently heard by me up to a couple of years ago and I have no reason to think that such opinions are less frequent now, although in this province, being somewhat isolated from touch with outside opinions, I have not had much recent opportunity of meeting any members of the service and discussing service questions with them. The fact is that the Indian Medical Service from being considered a few years ago as a most desirable career among young qualified medical men in Britain has gradually sunk in their estimation.

The Inspector-General of Civil Hospitals, Central Provinces, writes:—

"My own experience when asked two years ago by India, to try and obtain suitable candidates from amongst the younger temporary Royal Army Medical Corps officers in Egypt for commissions in the Indian Medical Service was invariably to be answered: 'No, thanks; the schools all regard the Indian Medical Service as a very out of date back number and only likely to become a refuge of the destitute'."

The Inspector-General of Civil Hospitals, Burma, writes:—

"It is admitted on all hands that the Indian Medical Service as a service has lost its attractions of yore and that difficulty is experienced in recruiting for it men of the proper type. The reasons for this are not far to seek. The rates of pay which might once have been thought to be liberal enough to a young practitioner about to set up in life are no longer so by reason of the great strides since made in the standard and cost of living in the East. The opportunities for adding to one's income by private practice have also largely disappeared owing to the keen competition existing in almost every important town, with the growing number of European and capable Indian practitioners who are taking up most of the practice that is to be had, and who are in a position of vantage in that they are able to suit the convenience of their patients as regards hours of attendance and the like, while Government officers are not free to do so because of official duties. As a consequence medical graduates of distinction and ability find it more profitable to settle down to private practice in surroundings far more agreeable to themselves, than to enter the Government service, and if the Indian Medical Service is to preserve its high level of efficiency and usefulness which it has maintained in the past, it is essential that improved terms of salary should be offered, and that too immediately. Lieutenant-Colonel Dee tells me that no friend of his, and no man from his college, has entered the Indian Medical Service to his knowledge within the last five or six years, though many have entered the Royal Army Medical Corps. The service at the present moment offers no prospects to a well-qualified man, and I have heard European private practitioners in Rangoon speak of the work we have got to do and the remuneration we obtain for it in the most pitying terms."

In addition to these opinions expressed by the official heads of the service, we are in possession of numerous written complaints and expressions of dissatisfaction and disgust at the present condition of affairs in the service. Dismay at the future prospects is universal. It is unprofitable to quote further evidence of the deplorable discontent that is rife throughout the service.

The causes of this unrest are many and cumulative. Some are of long standing, others are of more recent date; all have been accentuated owing to the conditions brought about owing to the war.

Three outstanding causes of discontent are:—

- (1) Inadequacy of emoluments.
- (2) Difficulty and uncertainty of obtaining leave or furlough home.
- (3) The supersession during the war of Indian Medical Service officers by Royal Army Medical Corps officers who have less total service.

(1) Inadequacy of emoluments.

In paragraph 19 of the report of the Royal Commission on the Public Services in India (Medical Services) it is stated that the

"Officers of the Indian Medical Service should be given temporary allowances to be apportioned by Government, but not exceeding in the aggregate 12½ per cent of their present emoluments. At the conclusion of the war the whole question should be reconsidered in the light of experience and of the needs of the military side of the service. No hesitation should then be shown in advancing on the 12½ per cent enhancement now proposed if this is found to be necessary."

For many years, long before the Royal Commission was appointed, there had been considerable agitation among officers of the Indian Medical Service for an increase in pay. The reasons for this were given in detail in the evidence before the Royal Commission and were minutely examined by that body. It is not necessary to recapitulate them here. The Commission were evidently satisfied that something should be done and done immediately, and gave their decision as in the above quoted paragraph. The service feels that an increase of pay is long overdue. Competition for the Indian Medical Service had been steadily falling off and in 1913 the Most Hon'ble Marquis of Crewe, K.G., then His Majesty's Secretary of State for India, addressed the British Medical Association on the subject of the deficiency of high class candidates at recent examinations for the Indian Medical Service, and asked for advice and assistance in ascertaining the probable cause of the falling off in the class of candidates. The British Medical Association submitted a memorandum in reply which will be quoted later, but as regards pay they stated—

"Every year sees prices going up. Rents are higher, food is dearer, and the standards of living are on the up-grade all round. A medical man is bound to live as those around him are doing. The result is that his pay does not suffice to enable him to keep up the position expected of an official of his rank. It is no exaggeration to say that the cost of living in India has gone up from 30 to 50 per cent during the last two decades. Nor is there any chance of matters improving. The well-to-do Indian is adopting our standards of living and taking up the best houses, with the obvious result that house rent is rapidly rising, and in the Presidency towns is becoming prohibitive."

This was written at the end of 1913 over four years ago. What then must be the condition now after nearly four years of war with prices as they are to-day? A copy of the whole memorandum was submitted to the Public Services Commission by the Government of India. Noting on this particular point the late Sir Pardey Lukis wrote on the 14th of June 1914 before the outbreak of the war that—

"The inadequacy of the present rates of pay is an undoubted fact and I cannot agree with the India Office note where it states that 'the statement that an Indian Medical Service officer cannot live on his pay is one of opinion.' It is nothing whatever of the kind—it is a bare statement of fact, as I can attest from personal knowledge. A bachelor may live on his pay either at a mess or the club, but if he marries and gives the usual hostages to fortune, he finds it extremely difficult to make both ends meet or to afford the necessary leave to England unless he can supplement his totally inadequate pay by private practice. I felt so strongly the necessity for some improvement in this respect that I made this a prominent point in my evidence before the Royal Commission when I represented that, in my opinion, an all-round increase of 33 per cent was necessary in the rates of pay."

In 1912, when the Public Services Commission was appointed, the officers of the Indian Medical Service were content to wait the findings. Some six years have now elapsed and the Indian Medical Service officers who have waited patiently the result of the detailed and comprehensive inquiry into the conditions under which they serve are dismayed to find that even the 12½ per cent recommended as an immediate concession has not yet been granted as an instalment. The neglect to do anything at all is a cause of uneasiness among the service, but what is still more important is the indirect effect it has in spreading the impression among the medical profession at large that the Indian Medical Service is a doomed service. Sir Pardey Lukis, commenting on the suggestion of the Public Services Commission to grant immediately the 12½ per cent increase in pay, wrote in May 1917:

"I feel it, however, my duty to point out that the immediate temporary enhancement of 12½ per cent. is necessary without any delay. Any changes in the value of medical knowledge due to the war may be adjusted in the future. I may mention, moreover, that if this 12½ per cent increase be now granted subject to adjustments after the war, it should be given not only to officers in civil employ but to the Indian Medical Service as a whole."

No action was apparently contemplated and Sir Pardey Lukis wrote:—

"It must be remembered that every proposal for the improvement of the conditions of service in the Indian Medical Service that has been put up during the past few years has been met by the reply that we can do nothing until we are in possession of the recommendations of the Public Services Commission. If, therefore, Government now declines to deal with the definite proposal before them, it will be regarded as a breach of faith not only by the members of the Indian Medical Service but also by the general body of the profession in England. The effect of this on recruitment will be such that it will probably be impossible to persuade good men to come out from England. In this connection the difference between the rush of candidates for temporary commissions in the Royal Army Medical Corps as compared with their avoidance of the Indian Medical Service may be regarded as the 'writing on the wall.' As I said before, I have felt it my duty to warn Government: it is for them to decide whether they will heed or disregard my warning, but I would like them to take into serious consideration the possibility of all English women and children in India being handed over to the care of Indian practitioners, and to carefully weigh the effect this is likely to have upon recruitment for all services in India."

It is true that as, under the terms of their reference, the Public Services Commission only dealt with the civil side of the medical service, their recommendations for an increase in pay did not cover officers in military employ. It is quite obvious that as there are only some 180 men in civil employ while nearly 600 are in military employ the grant of increase in pay to the 180 only will not give immediate relief to the service as a whole. Those who benefit by such an increase will no doubt accept it with adequate gratitude, but those officers who have returned from civil to military will complain, and rightly so, more bitterly than ever. The concession should be granted to the whole service.

The Indian Medical Service officer in civil employ naturally did not contemplate, nor did anyone else, a war of four years or more during which he would be serving continuously in military employment. He is primarily a military officer, of course, and reversions to military service are part and parcel of his duty. But till the present war such reversions had only been for short periods at a time. The fact that his normal outlook did not envisage such a prolonged withdrawal from the pecuniary advantages of civil life makes him feel the pinch of war more than any other class. When all

services or departments are feeling the effects of the war alike, an increase of pay now, to one particular service, may seem at first sight to be granting preferential treatment to that service. The Indian Medical Service claim however is not based on the conditions produced by the war. The Royal Commission evidently realized that their recommendations would involve lengthy consideration and therefore suggested that an *ad interim* concession of 12½ per cent should be immediately brought into force for the medical service.

In view, however, of existing conditions, we consider that Government should grant the 33½ per cent. increase originally asked for and to all ranks. It is clear that if an increase of 33½ per cent was recommended in pre-war days and regarded even then as long overdue, the position is worse under the present conditions of the war with its consequent prolonged separation of families and general increase in prices. It may be noted that at the commencement of the war, Government amended the rates of pay to members of the Indian Civil Service to recompense them for the loss of pay which they might have drawn for officiating in higher grades in leave vacancies, but which, owing to the abnormal conditions of the war, they were prevented from drawing on the permanent incumbents being re-called from leave. No similar concession was made to Indian Medical Service officers to recompense them for loss of pay. The salaries of all officers withdrawn from civil have been paid by the military authorities and the civil Government has saved much by the transfer of Indian Medical Service officers from civil to military duty. A policy of generosity rather than the reverse would seem reasonable.

A scale of pay of officers in military employment is attached. It will be seen from this that the pay of officers of the Indian Medical Service above the rank of Captain is less in almost every case than that of officers of corresponding seniority in the Royal Army Medical Corps, Royal Engineers or other departments of the Indian Army, particularly that of the Supply and Transport Corps. An Indian Medical Service officer serves permanently in India, and has to provide for passages home for himself, his wife and his family, and must maintain his family at home and his children at school. The Royal Army Medical Corps officer only serves for a tour of five years and his passage is provided by Government both ways. And in comparing the emoluments of other non-medical corps it should be remembered that an Indian Medical Service officer enters the service after an expensive five to six years' education, and is usually 25 to 26 years old, i.e., five to six years older than combatant officers.

The following table shows the pay (exclusive of exchange compensation allowance) of Lieutenant-Colonels, Majors, and Captains of the Indian Medical Service, Royal Army Medical Corps, Royal Engineers, Indian Army, Supply and Transport Corps, Military Accounts and Cantonment Magistrates Departments.

Rank.	I. M. S.	R. A. M. C.	R. E.	I. A.	S. and T.	Mily. Accts.	Cant. Magte.
<i>Lieutenants-Colonels.</i>							
Lt.-Col. i.-c. Regt. . . .	1,250	...	...	1,428	...	...	...
„ after 25 years	1,300	...	...	...	...	...	...
„ sp. sectd.	1,400	...	...	...	...	...	...
„ 3rd Cl. S. H.	1,270	...	...	...	...	...
„ 2nd Cl. S. H.	1,330	...	...	...	...	...
„ 1st Cl. S. H.	1,390	...	...	...	...	...
„ after 3 years	1,490	...	...	...	...	...
„ A. C. R. E.	1,582	...	...	...	...
„ Commdt., S. and M.	1,702	...	...	...	...
„ Supdt. of Park	1,552	...	...	...	...
„ „ of (3 years)	1,702	...	...	...	...
„ 2nd Cl., S. and T.	1,428	...	...
„ 1st Cl., S. and T.	1,628	...	...
„ 2nd Cl., Acct.	1,400	...
„ 1st Cl., Acct.	1,650	...
„ 2nd Grade	1,428
„ 1st „	1,528

Rank.	I. M. S.	R. A. M. C.	R. E.	I. A.	S. and T.	Mily. Accts.	Cant. Magte.
<i>Majors.</i>							
Major i.-c. Regt.	800	...	...	...	...	...	...
" " after 3 years	900	...	...	...	...	...	...
" 4th Cl. S. H.	849	...	...	...	...	...
" " after 3 years	885	...	...	...	...	...
" 3rd Cl. S. H.	909	...	...	...	...	...
" " after 3 years	945	...	...	...	...	...
" 2nd Cl. S. H.	969	...	...	...	...	...
" " after 3 years	1,005	...	...	...	...	...
" D. C. C.	841	...	...	...
" G. E.	1,130	...	...	...	...
" " after 24 years	1,180	...	...	...	...
" A. C. R. E.	1,180	...	...	...	...
" " 24 years	1,230	...	...	...	...
" Co. Comdr. S. and M.	1,240	...	...	...	...
" " 24 years	1,290	...	...	...	...
" 4th Cl., S. and T.	1,041	...	...
" 3rd " "	1,141	...	...
" 2nd " "	1,241	...	...
" Mily. Acctt., 4th Cl.	1,000	...
" " " 3rd "	1,200	...
" Cant. Magt., 3rd grade	1,141
<i>Captains.</i>							
Capt. i.-c. Regt.	550	...	...	...	...	...	...
" 5 years	600	...	...	...	...	...	...
" 7 "	650	...	...	...	...	...	...
" 10 "	700	...	...	...	...	...	...
" grade pay	475	...	...	...	...	...
" 7 years	530	...	...	...	...	...
" 10 "	650	...	...	...	...	...
		and R60 ch. allce. for 4th Cl. S. H.					
" promotion	735*	...	...	...	...
" 12 years	780*	...	...	...	...
" 15 "	835*	...	...	...	...
" D. C. O.	500	...	...	...
" "	600	...	...	...
Lieut., 6th Cl.	530	...	...
" 5th "	580	...	...
Capt., " "	700	...	...
" 4th "	800	...	...
Asstt. Mily. Acctt., 1st Cl.	750	...
Asstt. Cant. Magte.	600—700

* In Military Works. If in Sappers and Miners, pay varies from R697—870.

(2) *Difficulty and uncertainty of obtaining leave or furlough home.*

The question of leave and the difficulty of obtaining furlough to England is a burning grievance amongst the whole service. It is not that the military regulations or the civil service regulations do not make adequate provision, the trouble is that advantage can rarely, if ever, be fully taken of such provision owing to the operation of the rules and the shortage of officers for essential work. On the military side leave is governed by the regulations laid down in paragraph 358 *et seq.*, Army Regulations, India, Volume I, and 221, 227-230, 250, 257 *et seq.*, Army Regulations, India, Volume II. Officers can take one year's leave extensible to 2 years provided the number of medical officers on leave from a division does not exceed 20 per cent. On the civil side the Civil Service Regulations stipulate that the total amount of furlough which may be taken by an officer during his service is six years, and an officer is entitled to one year's furlough after four years' active service. In addition to this an Indian Medical Service officer is allowed to take "study leave" once or twice in his service up to a total period of one year earning one month for each year's service. When this beneficial privilege was granted no extra provision was

made to enlarge the leave reserve, and consequently when study leave was granted it was generally at the expense of ordinary furlough.

Before 1910 the sanctioned establishment of the Indian Medical Service included a reserve of 20 per cent for leave purposes *plus* 5 per cent to replace casualties. In 1910 a new and experimental recruitment formula was instituted under which the casualty reserve of 5 per cent was abolished, and a 'decrement rate' among other measures substituted. It proved a defective formula and by 1912 had given an excess of 7 to 19 officers over the sanctioned strength. In spite of the excess, the Director-General found himself seriously embarrassed for want of officers and he asked for the restoration of the casualty reserve. A further review of the question of establishing a sound recruiting formula was thereupon discussed at length. As a result the Government of India in a despatch to the Secretary of State no. 63, dated the 24th of June 1915, recommended that the leave reserve should be calculated at a figure of 21 per cent purely for leave, *plus* 2½ per cent for study leave. Under this system the Director-General was to be provided with almost the exact number of men obtainable under the previous system, that is to say, the actual strength of the service was to be raised to the total as

given under the system of recruitment establishment in 1910. The proposals were accepted by the Secretary of State and were to remain in force for five years when the system was again to be reviewed. Owing to the dislocation of all recruitment due to the war the method has never been applied. We are, therefore, now in this position, that excluding the $2\frac{1}{2}$ per cent reserve allowed specially for study leave, we are entitled to a reserve of 21 per cent for purely leave purposes. If this figure of 21 per cent enables officers to take one year's furlough after four years' duty, with regularity and with certainty, or even enables Indian Medical Service officers to obtain leave on an equality with other services, there is nothing more to be said. The service will ask for nothing more, it cannot be content with anything less. It is doubtful, however, if this figure although only recently fixed, will be sufficient. This doubt arises because it is found that higher leave reserves are maintained for other services and departments in India, which come under exactly similar furlough rules. It is admitted that comparisons of complex recruitment formula are subject to certain fallacies, nevertheless it is unlikely that the higher percentages found necessary for other departments should be unnecessary for the Indian Medical Service. In the Indian Civil Service the leave reserve for those on duty and deputation appointments is given in the despatch above quoted as 25.89 per cent

For the Imperial Forest officers, for leave and training 25 per cent
 For the Indian Police 21.36 per cent
 For the Supply and Transport Corps, Military Works Services, Military Accounts Department, Continuous Service officers of the Ordnance Department, the standard of provision for absentees is 25 per cent

However complicated therefore the question of recruitment is, it seems an extraordinary position that 21 per cent should give the same leave facilities for the Indian Medical Service whereas higher percentages are found necessary for other services. As before stated if this percentage enables our officers to go home regularly there will be no complaints merely because it is low. It should be made quite clear that if it is *not* sufficient, the rules governing the percentage of officers allowed on leave will be relaxed or the leave reserve will be increased. It is probable that a figure of 25 per cent will be found necessary in the end. Government would not, of course, raise any objection to the principle that the leave reserve should be just as adequate for the Indian Medical Service as for all other services of the State. All that is required therefore in this connection is a definite assurance that officers can rely on the certainty of obtaining the leave they are entitled to under the rules in force.

The medical service differs from all other services in that there is always a liability for leave to be stopped more frequently owing to famine, pestilence or war, and casual leave is always more difficult to obtain owing to the nature of medical duties. Further, medical men have not the advantage of complete rest on Government holidays or on Sundays. On these latter grounds generous treatment in the matter of provision for furlough home is indicated. The inadequacy of the present leave rules is indicated by the following example. An officer who had recently joined the civil department and applied for leave, received the following reply from the Surgeon-General early in 1914.

"The leave rules are working out very badly for all in this Presidency. Only officers pucca in civil with $2\frac{1}{2}$ years' furlough due to them are able to go on furlough this year. Study leave is impossible to get now, and will have to be taken out of an officer's furlough when he goes on it. Next year will be very much the same. So it comes to this that when you have at least $10\frac{1}{2}$ years' service, you stand a chance of going on furlough."

There are many Indian Medical Service officers of 10 to 12 years' service who have never yet been able to go on furlough to England. The leave rules must be much simplified, and interpreted with sufficient elasticity so as to enable all officers to obtain their furlough regularly. This will necessitate alterations in the rules which govern the confirmation of officers officiating in civil employment, and in the abolition of regulations which count officers at home on sick or on study leave against the furlough percentage allowed. The question of simplification and amendment of the civil leave rules is under consideration of Government in connection

with the Public Services Commission Report. No further remarks are required in this note.

It is unnecessary also to discuss here the arrangements for furlough of Indian Medical Service officers when the armies are demobilized.

(3) *The supersession during the war of Indian Medical Service officers by Royal Army Medical Corps officers who have less total service.*

There has been much heart burning amongst officers of the Indian Medical Service in military employ on the question of the inequality in the flow of promotion. At the outbreak of the war all permanent Royal Army Medical Corps Lieutenants were made Captains and all temporary Royal Army Medical Corps Lieutenants were engaged on the basis of becoming temporary Captains after one year's service. A corresponding privilege was urgently requested both for permanent and for temporary Indian Medical Service Lieutenants. It was refused till quite recently. For over three years Indian Medical Service Lieutenants suffered under this inequality and injustice. Quite apart from the urgent demands for the British forces nearer home, it was, of course, impossible to obtain European temporary Lieutenants in any numbers when they had to serve three years in the Indian Medical Service for the rank of Captain and only one year in the Royal Army Medical Corps. This grievance has now been redressed and the conditions of service for Indian Medical Service Lieutenants are to correspond with those in force for Royal Army Medical Corps Lieutenants. It is to be noted, however, that for three years the Indian Medical Service suffered under what undoubtedly was a crushing disability in the junior ranks, and the delay in removing it increased the general unpopularity of the service. A similar delay in rectifying the inequality as between Royal Army Medical Corps and Indian Medical Service in the promotion of Captains to Majors, and in the grant of temporary rank to officers commanding certain medical units in the field added to the unpopularity. Happily these inequalities have been or are being set right albeit after over three years' delay.

As regards Majors it may be noted that on March 1st, 1915, some 150 Majors, Royal Army Medical Corps, were promoted to Lieutenant-Colonels; the most junior of these Majors had about 16 years' service on that date, and they therefore passed over the heads of Indian Medical Service Majors 3-4 years their seniors who do not receive promotion to Lieutenant-Colonels till after 20 years' service. These promotions in the Royal Army Medical Corps were made to provide for the increased medical establishments required owing to the tremendous increase in the British Army strength, and to provide for units in the new Armies. Extra promotions of Lieutenant-Colonels to Colonels were also made. The senior ranks in the Royal Army Medical Corps have thus benefited enormously by the speeding up of promotion owing to the war, and while one congratulates the individual on his preferment and rapid promotion, there remains the fact that the Indian Medical Service officer finds himself serving under a Royal Army Medical Corps officer of senior rank who entered the service at a later date, and who, by the force of circumstances has received more rapid promotion. There is no question of superior merit or ability. Such conditions do not make the Indian Medical Service popular.

Promotion to the rank of Lieutenant-Colonel in the Royal Army Medical Corps, which before 1907 was given after 20 years' service as in the Indian Medical Service, is now by selection to fill vacancies in the cadre strength of that rank, whereas in the Indian Medical Service it is on a time-scale system in common with the promotion system of the Indian Army. This difference in the method of promotion to Lieutenant-Colonel resulted before the war, in Royal Army Medical Corps Majors being selected for Lieutenant-Colonel's rank when they had about 22 or 23 years' service (although they received the pay of a Lieutenant-Colonel after 20 years' service) and it is but fair to state that in the pre-war years the Indian Medical Service Lieutenant-Colonel scored to this extent. Under peace conditions and with the regimental doctor system in vogue, *plus* the fact that most senior officers of the Indian Medical Service are employed on civil duties, the difference was not a very serious one, nor were the inequalities acute. It is

a very different matter on field service when both services come into such close contact, and where the superior rank of Lieutenant-Colonel leads to Assistant Director, Medical Serviceships, command of units, with extra pay, opportunities of distinction and consequent rewards. The disparity that now exists is so marked as to give rise to a feeling of great injustice.

In the Indian Army every officer of the rank of Lieutenant has been given four years' accelerated promotion to the rank of Captain, every Captain has been given three years' accelerated promotion to the rank of Major, and many Majors, owing to the large increase in the number of combatant units raised in India for the war have received commands with the rank of Lieutenant-Colonels. The Indian Medical Service is apparently the only service in the whole Empire which has not had its promotion speeded up during the war. The officers have neither received the advantages of the Indian Army whose promotion is regulated on a time-scale, nor the advantages of the Royal Army Medical Corps whose promotion of senior officers is by selection, and who consequently benefited by the increases in the strength of the British Army. Therefore the case of Indian Medical Service Majors should be favourably considered. It is extraordinarily difficult to suggest an adequate or suitable remedy. We put forward two alternatives both of which seem to us to be reasonable. The first is that for the period of the war Indian Medical Service Majors, who have been superseded by Royal Army Medical Corps Majors during the war should be given temporary promotion to Lieutenant-Colonel with seniority according to their original position as compared with their contemporaries in the Royal Army Medical Corps. On absorption in the ordinary way, after 20 years, to the rank of Lieutenant-Colonel their promotion to this rank should be ante-dated permanently. The suggestion is not free from difficulties and will not place Indian Medical Service men on an equality with officers who have been fortunate enough to obtain early substantive promotion, as temporary rank does not obviously carry with it the advantages of permanent rank. The second alternative is that all Majors should be promoted to substantive Lieutenant-Colonels after 18 years' service.

As regards Lieutenant-Colonels, promotion to the rank of Colonel is by selection both in the Royal Army Medical Corps and Indian Medical Service, but whereas in the Royal Army Medical Corps there has been an increase in the strength of Colonels in proportion to the increased strengths of the fighting troops, there has been no such increase in the number of substantive Colonels in the Indian Medical Service to correspond with the increased strengths in the Indian Troops. The latest promotion to the rank of full Colonel by selection in the Royal Army Medical Corps is an officer with 21 years' service. The latest promotion in the Indian Medical Service is an officer with 30 years' service.

The Indian Medical Service military administrative officers in pre-war days consisted of 1 Surgeon-General and 9 Colonels when the total number of executive officers was about 250. This number of 250 has been increased by 340 Indian Medical Service officers reverted from civil, and 680 officers temporarily recruited: the total officer strength is now 1,270. The number of substantive military Surgeon-Generals and Colonels however still remains at 1 and 9, respectively. There has also been a very large increase in the total numbers of Indian combatant and other Army troops. Therefore, we suggest that the numbers of administrative officers—Surgeon-Generals and Colonels—should be increased *pro rata* with the increase in Indian troops.

We also suggest that all Lieutenant-Colonels, who have been retained on the active list after completing their full service for pension should be retired. The paucity of officers has so far compelled us to retain these officers in the service. They should not, however, be allowed to block promotion. Their services, when essential, could be made available after retirement either in a civil or military capacity as supernumeraries. In the Royal Army Medical Corps such officers have been made supernumerary and it is considered that this should be done in the Indian Medical Service also. The age of retirement in the Indian Medical Service is 55 for Lieutenant-Colonels and 60 for Colonels and Surgeon-Generals. No officers should be retained on the active list after they have attained these ages.

II.

The shortage of doctors and its relation to Indian Medical Service recruitment after the war.

We have put forward in the foregoing notes suggestions for the removal of three main causes of discontent, and before passing on to further suggestions for improving the conditions of service, wish to invite attention to the general position as regards the supply of doctors after the war, and its relation to the field of recruitment in the Indian Medical Service.

A realisation of the numerical position of doctors in the medical world is of the utmost importance in its bearing on the urgency of reforms in the Indian Medical Service.

During the war there have been numerous casualties among medical officers. The figures given in the House of Commons on June 21st, 1917, as casualties of medical officers are as follows:—

Killed in action	137
Died of wounds	58
Died of disease	62
Wounded	707
TOTAL	964

This does not include figures for the Colonial medical officers, nor are the figures of casualties for the summer campaigns of 1917 or the winter campaigns of 1917-18 in all theatres of the war included. The above figures alone reduce the field of possible recruitment extensively, for the casualties are chiefly amongst younger and often newly qualified medical officers attached to units at the front, who would, in the ordinary course of events, have supplied a certain proportion of the recruits for military medical service. Further, when the Military Service Acts came into force in England all the medical students of the first, second and third years over 18 years of age, and fit for general service, were called out for military duty, and only the fourth and fifth year students were left at the schools to complete their medical training. It cannot, of course, be stated how many of these first, second and third year students will return at the end of the war to their former studies; most of them have joined the combatant ranks and many of them have, no doubt, become casualties. It is, however, reasonable to assume that a large proportion of these students will not return for one reason or another to the study of medicine. There will thus be a shortage in the years 1919 to 1921, especially of young medical men newly qualified from the medical schools, and there will be a smaller surplus available for service in any Government department.

In the House of Commons on June 21st, the Parliamentary Secretary to the Board of Education stated that the numbers of medical students at schools which received grants from the Board of Education were—

1913-14	3,483
1916-17	1,981

These figures include women students. The drop is significant and demonstrates quite clearly the shortage there must be in the future.

In Scottish Universities in 1913 the numbers of medical students were 2,367 men, and in 1917 the figures were 1,510.

	Medical students entered.
In Cambridge 1914	64
Ditto. 1915	41
Ditto 1916	25

The figures in all cases include 'unfits' for military service and who are consequently unsuitable for military recruitment after the war. This question of the shortage of doctors and the supply after the war for civilian needs has been the subject of enquiries and discussion at home between the Medical authorities and the Minister of National Service.

The following extract from the Presidential address to the General Medical Council delivered by Sir Donald MacAlister on November 27th, 1917, expressed the position:—

"In several of my addresses since the war began, I have expressed the conviction that the withdrawal of

students from the medical schools for combatant service would deprive the country of the necessary quota of new practitioners in the years 1918 and 1919. I have continued to press this conviction on the authorities, and have been enabled to support my view by the aid of statistics courteously furnished for the information of your Emergency Committee and of the Government, by the Deans of medical faculties and schools. You will remember that in January 1917, a census of students actually engaged in professional study showed that in the third year of the curriculum we could count only on 572 men and 261 women to provide in 1919 for the necessary accession of new practitioners to the Register. In normal times this accession should number about 1,100. Only by returning third-year students then on active service could the deficiency be made good. In September the Army Council by an instruction subsequently amended in one point, directed that students registered prior to August 1st, 1914, who had before enlistment completed two years of the curriculum, should be passed out of combatant service to resume medical study and proceed to qualification.

"In order to determine the effect of this instruction, and to provide data for further action, if necessary, the Minister of National Service requested that a fresh census of medical students in actual attendance during October 1917 should be taken. The forms sent out by the Registrar were returnable on November 14th, and nearly all have now been received. So far as they go they show the following aggregate results, as compared with those of January, 1917:—

	1917.	Men.	Women.	TOTAL.
First-year students	{ January	1,449	674	2,123
	{ October	1,386	764	2,150
Second-year students	{ January	987	472	1,459
	{ October	871	642	1,513
Third-year students	{ January	572	261	833
	{ October	805	482	1,287
Fourth-year students	{ January	851	164	1,015
	{ October	709	194	903
Final-year students	{ January	1,088	164	1,252
	{ October	995	200	1,195

"Of the men students of the first and second-years over 820 were under 18 years of age in October, 1917, and about 180 are from places outside the United Kingdom. The third-year men students (who last year numbered some 520) have increased by about 230, and the women students by about 220. The fourth-year men numbered 709 and the women 194. Unless, therefore, all students of this standing are returned from service with the Navy or the Army, the supply of new men, duly qualified for the medical service of the country, cannot be maintained in 1919.

"In the meantime, the Minister has declared his intention to provide, if possible, that the supply of students in training shall be maintained at a level sufficient to ensure the annual accession of at least 1,000 new medical practitioners to the Register.

"The devotion and success of the Medical Corps in preserving and restoring the health of our troops have been recognised in the warmest terms by the highest authorities; but the service is rendered at a heavy cost in sacrifice. The Registrar informs me that on almost every page of the Medical Register he has had some military distinction to insert. But too often, after making the insertion he has had to remove the bearer's name as having "died on service." In the three years 1911—13, the average number of names annually removed from the Register "on evidence of death" was 620. In the year 1916 the number rose to 983. In the current year it will probably not be less."

It is quite evident therefore that there will be an absolute shortage of doctors after the war and probably greater difficulties in obtaining recruits for the Indian Medical Service than formerly. The position to-day as regards the probable requirements of the Indian Medical Service is briefly as follows:—

During the 3½ years the war has lasted, some 40 direct permanent commissions without examination have been granted by the Secretary of State in the proportion of 2 Europeans to 1 Indian. The proportion of Indians to Europeans joining the Indian Medical Services has in recent years steadily increased. When the Public Services Commission made their inquiries 7 per cent. of the service consisted of Indians. In 1912, 17 per cent. of successful candidates were Indians, in 1913, 33 per cent. and in 1914, 40 per cent. The estimated normal deficiency in the strength of the service after 3½ years' at 32 per annum—is 112. This minus 40 direct commis-

sions already granted will leave a gap of 72 men. There are also to be added casualties of those killed in action, and those invalided permanently from the service. It is impossible to state the number of retirements in excess of normal which will take place at the end of the war, but a figure varying between 150 to 200 probably represents the number of recruitments which will be necessary to fill up to our pre-war strength within say 1 year, if the war terminates in 1918. The estimate is approximate only.

The Government are faced with a position that they will require probably 150 to 200 young medical officers as recruits for the Indian Medical Service. Even if it is the intention to fill up gaps by nomination from among temporary Lieutenants in the proportion of 100 Europeans to 50 Indians, there will still be considerable difficulties. As regards the Indians, it is possible that 50 or more suitable candidates with war experience and adequate professional attainments may be obtained. As regards the 100 or more Europeans, they must be obtained from outside as we have only four applications for permanent commissions from temporary Lieutenants, Indian Medical Service. Unless therefore, there is an active change of policy for the Indian Medical Service there is little chance of obtaining European recruits. The Indian Medical Service has for years been losing its popularity in the medical schools at home, and so far nothing has transpired to render the service less unpopular than before. The question as to the effect the increased proportion of Indians will have on the recruitment of the European medical officers need not be discussed. The effect is difficult to estimate; whether due to prejudice or not, it will undoubtedly be serious. It seems clear that for some time after the war our gaps cannot be filled in the ordinary way by a competitive examination. Nomination will probably be necessary. We have few European temporary Indian Medical Service men to nominate. Temporary officers in the Royal Army Medical Corps are certainly not inclined to accept commissions in a service well known to be permeated with a sense of uneasiness and discontent.

Young doctors just out from the medical schools seem the only possible source of supply, but they also know the reputation of the Indian Medical Service. They will have many attractive opportunities for medical work in civil life owing to the general shortage of medical officers, and the increase in the numbers required for civil duties and public health improvements. The other State services will also be more attractive and popular than the Indian Medical Service.

It is, therefore, essential that we should take steps to improve the reputation of the service and render it as attractive in the future as in the past, to remedy old defects as well as those brought to light during the war, to improve generally the service in as many ways as possible. We therefore, now put forward the following proposals as a beginning with this object in view:—

(a) IMPROVEMENTS ON THE MILITARY SIDE.

The Station Hospital system.—The Station Hospital system has now been sanctioned and is to be introduced as soon as it is administratively possible. This is a great reform which has been advocated for years. It has always been rejected on financial grounds. Happily the system is now sanctioned. It has been introduced not as a matter of economy but to add to efficiency in the treatment of the sick and the training of medical officers. The spending of much money on buildings and equipment will be required, in order to convert the so-called regimental "hospitals" into modern buildings worthy of the name. The change of organization is not of itself sufficient to satisfy requirements, though it will undoubtedly increase facilities for training young officers, enable specialist officers to be conveniently employed, and ease the position in the matter of leave. It will also give senior officers adequate administrative experience. Therefore no effort or expense should be spared to make the system a credit to the Indian Medical Service. It will then undoubtedly prove a great source of attraction to future recruits.

Indian Medical Service officers should be eligible for the post of Director, Medical Services in India.

The fact that no Indian Medical Service officer can rise to be the head of the military medical service in India is a just grievance among Indian Medical Service officers.

Theoretically under the regulations he is eligible, but in practice he is never appointed. The latest example and one which created a very bad impression occurred early in 1916, when after Surgeon-Generals Babbie and MacNeece had successively vacated the appointment of Director, Medical Services, the Government of India selected Sir Pardey Lukis for the post. Sir Pardey Lukis had only held office a few weeks when it was notified from England that an Army Medical Service officer had been appointed. It is well known that the appointment of Director, Medical Services, is considered a reserve for the Royal Army Medical Corps. In paragraph 100 of the Mesopotamia Report there is a curious reference to this, it reads "in India on the departure of Surgeon-General MacNeece, Surgeon-General Sir Pardey Lukis, Indian Medical Service, was appointed Director, Medical Service, and held the post (in accordance with the unwritten law that forbids a Surgeon-General of the Indian Medical Service to serve as Director, Medical Services in India) till Surgeon-General O'Donnell arrived to take his place. Sir Pardey Lukis' term of office was one of energy, etc., etc."

It is contrary to regulations and distinctly unfair to the service if this "unwritten law" exists. The appointment should be thrown open to both services, Royal Army Medical Corps and Indian Medical Service, equally, and the best man selected. Or, if there is a British service officer as Commander-in-Chief, India, an Indian Medical Service officer should be Director, Medical Service, and if an Indian service officer is Commander-in-Chief, a Royal Army Medical Corps officer should be Director, Medical Service. This would ensure an equal outlook in both services.

Sanitary Officers of Divisions.

At present no Indian Medical Service officer, however well qualified, is eligible for a post of a sanitary officer, Deputy Assistant Director, Medical Service (Sanitary) of a division. All of these appointments in India are reserved for the Royal Army Medical Corps. There is no justification for this and the appointments should be divided equally between the two services.

Limitation of freedom of return of Indian Medical Service officers from civil to military employ.

This question was raised in 1910 when, in the Station Hospital Committee for Indian troops a recommendation was made that no officer from civil should become a military administrative officer unless he returns permanently to military duty on attainment of the grade of advanced lieutenant-colonel. Owing to the common list of promotion maintained for Indian Medical Service officers in civil or military employ, a civil surgeon is frequently promoted to the administrative grade at the expense of an officer who has spent all his time in military employ. This is a grievance among military officers, who on their side have no chance of promotion to administrative rank on the civil side. Also it is unsatisfactory from the point of view of military administration.

We propose, therefore, that officers in civil employment should, on attaining the rank of lieutenant-colonel, be given the opportunity of reverting permanently to military employment or remaining permanently in civil employment, and that promotion to military administrative rank should then be entirely confined to officers in military employ and promotion to civil administrative rank should be confined to officers in civil employ.

Training of Indian Medical Service officers while in civil employ.

It is convenient to deal with this question under the heading of improvements of the military side of the Indian Medical Service. We are convinced that the more we interchange the two sides of the service the better it will be for both. Up to the present there has been no scheme under which executive civil officers have been regularly recalled to military duties for training. The disadvantages of this omission have been clearly demonstrated in the present war. The question of devising a scheme for calling up Indian Medical Service officers in civil employ for regular military training was discussed in 1912, 1913 and 1914. The war, however, broke out before anything definite had been settled.

The only military training a civil officer obtained under the pre-war system was preparatory to taking up a military administrative appointment on promotion to the rank of colonel and then only two months were allowed. The war has demonstrated decisively the necessity of completing those schemes, the discussion of which was so abruptly interrupted in August 1914.

Civil officers should be called out regularly for military training and this training should embrace peace duties and work in the field. The period of training and the details are for discussion with the military authorities. The arrangements in force before the war for attaching Indian Medical Service officers (four officers of, and above, the rank of Major, for one month annually) on leave in England to the Home forces should be greatly extended. The more officers of the Indian Medical Service see of the military administration and methods in force in the army at home the better.

Provision of accommodation.

We consider that Government should provide accommodation for officers either free or on payment of a fixed percentage on salaries. The question of accommodation in India is to-day a very serious one for all officers, not only for the Indian Medical Service officers.

Provision of free passages to and from England.

We consider that free passages, to and from England, should be provided by Government for an officer and his family at the end of each four years' service in India, either by trooper or otherwise.

(b) IMPROVEMENTS ON THE CIVIL SIDE.

The civil medical services came under detailed review by the Public Services Commission and the views expressed were commented on by the late Director-General, Indian Medical Service. We do not propose, therefore, to discuss here the changes in administration, organization and policy therein put forward. We would, however, urge that decisions should be come to as speedily as possible. Questions of conditions of transfer to civil appointments, rights of private practice, inadequacy of travelling allowances, periods of probation, positions of Inspectors-General, Civil Hospitals, in their relations to Local Governments and other matters of detailed administration are therein dealt with.

We beg, however, to invite attention to the memorandum drawn up by the British Medical Association at the instance of the Secretary of State for India, and Sir Pardey Lukis' remarks on it, dated 14th June 1914, in which he concludes:—

"I would sum up by saying that in my opinion three things are necessary if the Government wish to restore the popularity of the Indian Medical Service, viz.:—

- (a) A general increase of pay 33 per cent.
- (b) The adoption of the station hospital system so as to afford an adequate career on the military side.
(This is now in course of adoption.)
- (c) A definite assurance that the prize appointments in the civil side are not to be made over to the independent medical profession."

With these conclusions we are in entire agreement.

Since this memorandum of the British Medical Association was written nearly four years have elapsed, and the report on the Royal Commission has meanwhile been published. The views of the Association on the report are given in the following letter (extracted from the British Medical Journal of 27th October 1917) forwarded to the Secretary of State for India by the Naval and Military Committee of the British Medical Association.

"The British Medical Association has considered the report of the Royal Commission on the Public Services in India."

"The Association notes with profound concern and disappointment the whole trend of the above report and its recommendation so far as they relate to the Indian Medical Service. The various points in the Association's Memorandum on the present position and future prospects of the Indian Medical Service, which was submitted to the Royal Commission, have received most scanty attention. In its evidence given before the Royal Commission, the Association drew attention to numerous grievances which, if allowed to continue, could not fail

to result in a marked deterioration in a service which has already become unpopular with medical men of British parentage (as is instanced by the fact that the late Secretary of State for India, in October 1913, requested the assistance of the Association in ascertaining the probable cause of the deficiency of high class candidates for the Indian Medical Service), but there is little or no evidence in the recommendations of the Royal Commission of any intention to redress these grievances. The Association feels that the real storm centre is the question of limiting private practice of Indian Medical Service officers, and it desires that there should be no ambiguity in the future as to the policy to be adopted by the Secretary of State for India on this subject.

2. Another point to which the Association attaches great importance is the position of the Surgeon-General. In the opinion of the Association—and this point was strongly emphasized to the Royal Commission—the Surgeon-General should be a Secretary to Government, and the personal assistant to a Surgeon-General an Under Secretary to Government in the Medical and Sanitary department, both being paid as such. It will not be sufficient to give the Surgeon-General and the Inspectors-General of Civil Hospitals, 'regular and direct access' to the head of their province or to the Member of Council in charge of the Medical Department where there is a Council form of Government. The present system whereby the recommendations of the Surgeon-General on medical questions can be criticized or set aside by non-official men is a constant source of irritation, which can only be removed by making the Surgeons-General Secretaries to Government, and giving them complete control over their medical subordinates in all matters, including transfers from one station to another within the district.

3. The Association is anxious to know to what extent the Government proposes to give effect to the recommendations of the Royal Commission, and it will then be in a position to place the future prospects of the officers of this service clearly before the profession, and to give such advice on the subject to possible applicants as they are entitled to expect from it. The Association does not attempt to dictate the terms which the Government of India should offer to its medical officers, but knowing as it does the feeling of the medical profession it desires to make it clear to the Secretary of State for India that failure to redress the grievances which the Association has pointed out will most certainly result in a very marked augmentation of the deterioration already in progress in the class of recruits to the Indian Medical Service.

4. Before any definite decision is taken by the Government of India on the questions raised in the report of the Royal Commission, the Association is anxious that you should have its views before you and I am directed to request that you will be so kind as to receive a deputation from the Association, who will place before you in greater detail the opinions which the Association has formed as a result of careful inquiry."

We have no knowledge as to whether the deputation referred to in the last paragraph has been received by the Secretary of State. Special attention to the remarks of paragraph 3 is invited as to the position the Association takes up in placing the future prospects of the service clearly before the profession and possible recruits. Without the assistance of the powerful Medical Association, journals and schools, recruitment of high class candidates will be almost impossible. With the remarks as to the position of Surgeons-General we are in entire agreement. The pay, status and authority of an administrative medical officer of a province should rank with that of a Secretary. Similarly, with the post of Director-General the position should be that of Secretary with direct access to the Viceroy whenever important medical questions or questions dealing with the cadre of the Indian Medical Service are under consideration. These are matters which require speedy settlement if the service is to settle down with a confident feeling that Government is considering its other interests in a sympathetic spirit.

We recommend that we should get into touch with the medical profession at home through the Medical Associations and Medical Journals and also into touch with the medical students at the schools through the Deans of the various medical colleges and inform them that the conditions of service of officers in the Indian Medical Service are being considered and improved.

It will be seen from the above notes that some of the difficulties that have arisen in the war have been the inevitable result of a difference in the general regulations of the conditions of service in the Royal Army Medical Corps and the Indian Medical Service. We consider, therefore, that the conditions of both services should be reviewed, especially those relating to promotion and retirement, and wherever possible the same regulations adopted. The idea should be to approximate the two services one with another as far as possible, in order to minimise inequalities and reduce friction.

Entrance Examination.

The entrance examination for the Indian Medical Service differs widely from that of the Royal Army Medical Corps which includes only medicine and surgery, whereas the Indian Medical Service examination includes in addition as separate subjects—

Applied Anatomy and Physiology.

Pathology and Bacteriology.

Midwifery and Diseases of Women and Children.

Materia Medica, Pharmacology and Toxicology.

The examination in medicine and surgery is the only portion of the examination which is in part practical. We suggest that the midwifery and diseases of women and children should be also in part practical on the lines of the midwifery portion of the conjoint examination of the College of Physicians and Surgeons, London, and a total of 900 marks instead of the 600 be given. We would reduce the marks in Materia Medica, Pharmacology, and Toxicology to 300 and even consider the abolition of these subjects altogether.

Formerly there used to be a common entrance examination for the Royal Army Medical Corps and the Indian Medical Services which, when the top men always elected for service in the Indian Medical Service, led to jealousies, and we consider that the present system of holding a separate examination should remain in force. After the examination, candidates attend two successive courses of two months each at the Royal Army Medical College, London, and at Aldershot, respectively. We think this should be continued. Although the course in London is in a measure, rendered unnecessary by proposals put forward in the next paragraph yet it is important that officers of both services should undergo, as far as possible, a common training in the beginning. We think an officer of the Indian Medical Service should be attached either to the Royal Army Medical College or to the Aldershot School to act as a Staff Officer and to advise on and report on Indian Medical Service probationers.

Headquarters Station.

On arrival in India all officers should be posted for three months to a station to be organized as the headquarters of the service, and we suggest Poona as a suitable headquarters station. Here officers would be placed under direct charge of an officer specially appointed for the purpose, and attached to Indian Hospitals, Military and Civil, and would receive training in Indian organization, Indian sanitation, Indian ways generally, and begin a study of the language. At the completion of their course officers should be posted to a tropical school of medicine either at Bombay or Calcutta for a special three months' training in tropical medicine. Royal Army Medical Corps officers on arrival could also be posted to these tropical schools.

Regulation as to promotion.

Royal Army Medical Corps Lieutenants now promoted after 3½ years, might be promoted to Captains after three years to correspond with the Indian Medical Service Lieutenants. In both services Captains are promoted to Majors after 12 years. Accelerated promotion to Major's rank is given in the Royal Army Medical Corps on the result of an examination held after the course of instruction at Millbank, candidates obtain usually from three months to eighteen months' acceleration. In the Indian Medical Service six months' acceleration only is possible on the production of certain evidences of study while in the rank of Captain. We think a joint scheme should be arranged under which the rules for accelerated promotion should be more approximated. In the Royal Army Medical Corps promotion to Lieutenant-Colonel

is by selection to fill the established strength of Lieutenant-Colonels, while in the Indian Medical Service it is on a time-scale after 20 years. We should consider the question of organizing our promotion in the Indian Medical Service exactly on the same lines as in the Royal Army Medical Corps and also institute examinations for promotions to each grade on the lines laid down for the Royal Army Medical Corps. We should also adopt the ages of retirement as laid down for the Royal Army Medical Corps which are :—

Surgeons-General	60
Colonels	57
Lieutenant-Colonels	55
as against—	
Director General, Indian Medical Service	62
Surgeons-General	60
Colonels	60
Lieutenant-Colonels	55

III.

A combined single Medical Corps for India.

The fact that many of the foregoing suggestions for the improvement of the service are due to the circumstance that there exist in India two military medical services, each on a different basis, suggests the possibility as to whether amalgamation in some form or other would be advantageous, and whether the constitution of a single medical service for the care of the whole of the troops in India, whether British or Indian, is feasible, employing the war reserve of such a single service on civil duties on the present lines. The idea of a single organization for India is not new. In 1862 the amalgamation of the medical services of the British and Indian Armies was put forward. Suggestions for such amalgamation or schemes for reconstituting the military and civil services on separate bases have been frequently under discussion for 50 years or more. In no case was it found possible to arrive at a decision, and the two medical services have developed more or less on lines of expediency. The conflicting interests and opinions between the heads of departments concerned, both in London and India, proved irreconcilable, and no scheme put forward ever met with universal approval. It is only necessary to refer here to the proposals put forward by Lord Curzon's Government in despatch No. 33, dated the 18th of February 1902. In this despatch it was premised that, the first desideratum being a single service for the whole army in India, one of two alternatives would have to be adopted, either the military side of the Indian Medical Service must be divorced from the civil department and united to the Royal Army Medical Corps which would then supply medical officers for both British and Indian Armies, or the care of British troops should be taken away from the Royal Army Medical Corps and all medical work, military and civil, undertaken by the Indian Medical Service. Lord Curzon's Government discussed the whole matter at length, and agreed that the balance of advantage lay in the adoption of the latter alternative. Cogent reasons are set forth in the body of the despatch. It is unnecessary to repeat all of them here. The following are relevant :—

"Whenever questions regarding the reorganization of the Medical Services have been discussed, it has been fully recognised that the separation of the military from the civil side of the Indian Medical Service would result in the deterioration of both. Were the civil side to be divorced from the military, and should the men who aim at a civil career lose their military status, it is certain that a falling off would ensue in the numbers and quality of the candidates for the former branch, and its attractions would have to be increased by higher rates of pay; on the other hand, if the officers in military employ no longer had the opportunity, should they so desire it, of civil work with its varied professional experience, it is likely that here too a different class of men would present themselves for examination and the army would thus be deprived of the advantage of that high standard of medical efficiency which is the result, as has been shown, of the combined attractions presented by the Indian Medical Service. We should, moreover, lose the war reserve, which is now economically provided by the liability to recall to military service of medical officers in civil employ.

"We are thus brought to the second alternative, entirely to relieve the Royal Army Medical Corps of the

charge of the British troops in India and to place the whole medical charge of the British and Indian Army and the civil department in the hands of the Indian Medical Service, thus realizing the ideal of all schemes for medical reorganization, namely, a single service under the control of the Government of India. We are the more encouraged to urge the desirability of this measure by the fact that the War Office have themselves twice made a similar suggestion, the second occasion being comparatively recent. To that proposal Your Lordship, as has been stated, made objection, while other arguments have also been urged in its disfavour, when on previous occasions a similar scheme has been suggested. In our opinion the objections are far from being insuperable, and we will now consider them briefly.

"It has been argued that, to close the field of Indian service to officers of the Royal Army Medical Corps, would deprive them of the wide experience gained by such service, to the prejudice of their efficiency. But we cannot think that this argument should now carry much weight, when the field for the Royal Army Medical Corps has been so largely extended by the increased requirements in Northern, Central and Southern Africa, in addition to the British possessions in other tropical and sub-tropical countries. Moreover, the establishment of two schools in England for the study of tropical diseases affords to officers of the Royal Army Medical Corps full facility for acquiring familiarity with this branch of medical science, which has hitherto only been obtainable by foreign service.

"Conversely, it is said that service confined to India does not afford a sufficiently wide experience for medical officers, and that it must tend to keep them behind the times in professional knowledge. To refute such an argument, we have only to point with confidence to the reputation of the Indian Medical Service as a whole. The experience to be obtained in civil practice in this country is probably unequalled for extent and variety; and the roll of past and present officers of the Indian Medical Service fully proves that every advantage is taken by them of these opportunities, and that they cannot for a moment be charged with being out of touch with modern requirements.

"We have dealt in the foregoing paragraphs with the objections that have been urged against a unified Indian Medical Service, and we will now touch briefly on the advantages possessed by such a scheme. The drawbacks to the existing divided interests and dual control have been alluded to. These will disappear in a unified service, and with them the consequent friction and obstruction to administration which are now constantly present. Efficiency will be enhanced by the establishment in India of one integral organization with a life-long interest in the country, which must be better adapted to the ever-varying necessities of Indian service. The requirements, whether of the civil or the military side, will be met with a minimum amount of difficulty; and the readiness with which charges, now necessarily kept distinct, will in case of need be interchangeable, will reduce the necessity for constant small but harassing demands for men from the civil by the military or *vice versa*, and will thus render both more ready to meet exceptional demands in great emergencies. The unified service will materially decrease the necessity for transfers, and will thereby prevent discontent and secure continuity of work and resultant economy. The present waste of power will tend to disappear, the machine will work more smoothly, the same complement of officers will go further towards fulfilling all requirements; and unity of interest, coupled with continuous experience in the country, should make individuals more efficient for work which they will be called on to perform; while from the point of view of imperial needs increased efficiency of administration would certainly result in increased facility to assist the Imperial Government.

"The natural reserve for the military medical service in India is to be found in the civil department. It is in the interests of economy and efficiency to trust to that reserve; to divorce the two branches of the service and to maintain a reserve for military purposes only is injurious to professional efficiency, to economy of power, and especially to economy of men."

The above statements are just as applicable to-day as in 1902.

A perusal of the noting on the various proposals put forward during the last 50 years demonstrates quite clearly how the subject of forming a single medical service for India bristles with difficulties. We have

not a clean slate upon which to write, and we must review the conditions as they exist. We cannot shut our eyes to the fact that our present systems have grown up and developed on the lines of expediency and that we are faced now, as formerly, with various difficulties due to this method of development.

It would seem, however, that at a time when the whole future of the civil medical service is under review as a result of the Public Services Commission's Report, and that a review of the military side is demanded in the light of our experiences during the war, it is a suitable occasion once more to raise this important question. We, therefore, consider it our duty to submit for consideration the principles of a scheme which we are convinced would be practicable, and would be in the interests of efficiency, and for the good of India in general, and in consonance with the paramount interests of the State.

The basis of all schemes must be founded on military necessities. The experiences of the present war demonstrate, in our opinion, more clearly than ever the necessity of maintaining our present system of a military service employing its war reserve in peace time on civil duty, and of the value of maintaining in India a body of trained officers as a war reserve, officers who have experience of military service and are available immediately, at call, in time of necessity. This long standing principle was upheld by the Public Services Commission and we do not propose to repeat all the previous arguments advanced in support of it. Everything that has transpired during the war confirms the soundness of the principle. At the outbreak of the war we had at immediate call 337 out of 500 officers, each ready to proceed on field service on receipt of orders, all of whom had some five to eight years military experience, often of previous active service. It was the existence of this reserve that enabled the Indian Divisions when they proceeded overseas, to go fully mobilized.

No scheme calling upon purely civil medical men, however organized in peace, could have been put into operation at a moment's notice, with the same efficiency and celerity. The war has taught us, not that our reserve was unnecessary, but that it was vital, not that it was too large or over-trained in purely military affairs, but that it was too small and undertrained in military affairs.

To meet the ever-growing demands made on the Medical Department and to reinforce the permanent officers, recruiting of civil medical practitioners for temporary commissions began at once. The demands of the Royal Army Medical Corps at home and abroad absorbed practically all the European medical officers, and in India we drew, and are drawing still, upon the Indian private practitioner and civil Assistant Surgeon classes, absorbing all who are medically fit and in possession of qualifications registrable in England. Terms and conditions, identical for Europeans and Indians, are offered for general service. Owing to further demands we have recently opened recruiting to Indians (including the Sub-Assistant Surgeon class) who possess certain medical qualifications not registrable in England. These men are only allowed to practise east of Suez. We have thus drawn on the Indian medical profession to the fullest possible extent. Owing to the exigencies of the time, many are commissioned direct from the colleges immediately on qualifying, and few, if any, have experience of any kind of military service, while many have not had the opportunity before of associating with the officers with whom they suddenly found themselves serving. It is unnecessary, therefore, to quote reports concerning the inefficiency and unsuitability of some of the Indian medical officers who have been given temporary commissions.

The numerical position to-day as regards officers with temporary commissions is as follows:—

Private practitioners—

(a) European or Anglo-Indian recruited in England or India	59
(b) Indian	298

Civil Assistant Surgeons—

(a) On permanent establishment	201
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Out of a total sanctioned cadre of 836.

(b) Temporarily employed	111
TOTAL	669

These numbers have been obtained only after personal appeals and the most strenuous and persistent recruiting efforts. Moreover, recruitment has been spread over three years, and out of the total of 669 only 420 have volunteered for general service overseas. The remaining 249 engaged for service in India only. We have thus recruited during three years an average of less than *three medical men per week* for our overseas forces. Nothing could demonstrate more conclusively the soundness of the principle that the military necessities of India demand a trained war reserve specially employed in the country, and available for immediate service.

It is, of course, for discussion whether the military necessities should be met by a single corps officered entirely by the Royal Army Medical Corps employing a war reserve on civil duties on the lines now undertaken by the Indian Medical Service. This would be quite feasible providing the Royal Army Medical Corps amend their regulations for the admission of candidates, and allow Indians to enter the service with the same freedom as they are now admitted to the Indian Medical Service. Otherwise this rules out of the question any scheme under which the Royal Army Medical Corps can take over the medical charge of India. Any regulations confining Indians to service in India only would be impracticable—Indians could hardly enter the Royal Army Medical Corps as part members so to speak. So long as the factors operate which necessitate continuous service officers in the combatant branch of the Indian Army, officers who are familiar with the languages, customs, castes and habits of the people, so long will it be necessary for the medical service to be similarly constituted.

Medical officers must be continuous service officers with their life interest in the country. We consider, therefore, there remains only one practicable solution, and that is for the Indian Medical Service, on the basis it at present exists, to take over the military medical services of India.

Somewhat similar proposals have been put forward many times. It is not necessary to repeat all arguments which were brought forward when the various schemes were put forward. The present war has demonstrated quite clearly the advantages of a unified medical service in India.

One of the recommendations of the Royal Commission is that an entirely new Indian Civil Medical Service should be created which would be independent of the military medical service. This means necessarily the institution also of a separate military medical service. The principle of seconding the war reserve from the military side to the civil side is also adopted by the Commission. Therefore, in effect, if we seconded men to the new proposed civil service from a separate military service there would not be any very great difference in the procedure as now adopted. Nor are any advantages over the present system apparent. The present military cadre strength of the Indian Medical Service is too small to be constituted as a separate military service. Any such separate military organization entirely independent of the civil, even if contemplated, must expand and embrace all the military medical personnel including the Royal Army Medical Corps in India and it follows that the medical charge of the army in India would be in the hands of a service organised very much on the lines of the present Indian Medical Service.

It will be necessary to reconsider the organization of the Indian Medical Department, which now consists of officers (Indian Medical Service), military assistant surgeon branch, sub-assistant surgeon branch and attached hospital services, and to organize them into one combined whole and form a medical corps for India on very much the same lines as the Royal Army Medical Corps. The institution of the station hospital system for Indian troops now sanctioned, and the formation of an Indian Army Hospital Corps in connection with it, is already a step in this direction, and will facilitate a further combination embracing all ranks employed in the medical department.

There is a Canadian Army Medical Corps for the Canadian Army, an Australian Army Medical Corps for the Australian Army, a New Zealand Army Medical

Corps for the New Zealand Army, a South African Medical Corps for the South African Army, a Royal Army Medical Corps for the British Army, and there is no reason why we should not constitute an Indian Medical Corps for the Indian Army. Such a corps could take over the medical charge of the British Army in India. This would be a difficulty at the outset, and special arrangements would be necessary. Lord Curzon's Government on this question said:—

"It is evident that at the outset we should require a considerable number of officers, with experience of the requirements of British troops until such time as the members of the Indian Medical Service shall have acquired this knowledge. We, therefore, ask to be allowed to call for volunteers from the Royal Army Medical Corps for permanent service and (amongst the senior officers) for temporary service in India. We believe that a considerable number would willingly join the Indian Medical Service on the terms which we would propose to offer, and the remainder of the number required would be recruited gradually, nor do we entertain any serious doubts that sufficient competitors would be forthcoming."

It would of course be quite impossible to obtain Royal Army Medical Corps volunteers for such a proposed Indian Medical Corps unless the terms and conditions of service were attractive. But if the proposals for improving the Indian Medical Service put forward in the previous papers are adopted, (and if not, the continued existence of the Indian Medical Service on its present lines will be impossible) we consider that in the course of time we shall be able to recruit up to the required strength.

Another solution to the problem of providing for the medical charge of British troops in India lies in the adoption of a system of secondment for Royal Army

Medical Corps officers to the Indian service. Instead of coming to India for a limited tour of duty in their own separate medical corps, Royal Army Medical Corps officers might be seconded to the Indian corps for a period of years—say five—during which they would come under the Indian corps regulations as to service, pay, concessions and proportionate pension allowances as Indian Medical Corps officers proper. Should our proposals for approximating the rules governing promotion, accelerated promotion, examinations for promotions and age of retirement in the Royal Army Medical Corps and the Indian Medical Service be accepted, no insuperable difficulties should arise. Further all such seconded Royal Army Medical Corps officers might be eligible (after passing the language tests prescribed) to elect for permanent transfer, and for employment in the civil department exactly as if they had joined the Indian Medical Corps originally.

We are, thus, of the opinion that the whole of the Medical Department should be combined into one corps—the Indian Medical Corps—this Corps to take medical charge of all troops in India—British or Indian, employing its war reserve in peace time on civil duty. The head of the service would be the Director-General, Indian Medical Service, as at present. The head of the military medical portion would be the Director, Military Medical Services, and would be an officer of the Indian Medical Corps.

The elaboration of some such scheme as this and the preparation of all details would involve numerous considerations, and could only be dealt with after a full detailed report had been prepared. A small select committee representative of the services effected might be appointed for the purpose of preparing a detailed scheme.

PROPOSALS FOR THE RE-ORGANIZATION OF THE MEDICAL SERVICES IN INDIA, PREPARED, IN FEBRUARY 1918, BY OFFICERS OF THE INDIAN MEDICAL SERVICE SERVING IN BOMBAY.

AN OUTLINE OF A RECONSTRUCTION SCHEME FOR THE INDIAN MEDICAL SERVICE.

1. The officers of the service stationed in Bombay are of opinion that a scheme for the establishment of one military medical service for India to meet the needs of the army and of the civil population generally, possesses the most reasonable prospect of maximum efficiency and smoothness, with a minimum of financial outlay.

2. We fully realise:—

- (i) The unsatisfactory prospects which lie in front of each officer at present on the active list, and which will, if not improved immediately lead to the early retirement of many promising young officers.
- (ii) The difficulties of recruiting the right type of officers for the service will, after the war, be enormously increased unless really attractive conditions of service are held out to young medical graduates.
- (iii) Each suggestion which has been mentioned in the attached memorandum has been made with a view to the removal of the very definite difficulties in the conditions under which officers find themselves at present, and in the opinion of those officers present these difficulties demand immediate attention, if the unpopularity of the service is not for ever to remain at its present extremely low level.

3. These difficulties are briefly summed up under the headings:—

- (i) The question of the prestige and the status of the service. This must be maintained at the level which should be reasonably expected from the service which is the direct successor to the Indian Medical Service with all its traditions.

The service officers in Bombay are of the opinion that this can only really be assured by the appointment of a member on the Viceroy's Council who shall represent the medical interests in India entirely. If this could be carried out, the present unsatisfactory arrangement whereby the "Home" member and the "Education" member are each responsible for a section of the recommendation of the medical service could be abolished.

- (ii) The provision of leave at sufficient interval, in order that bodily physique and professional keenness may not be impaired by long residence in the tropics.
- (iii) The provision of opportunities for professional work.
- (iv) The grant of pay on a scale commensurate with the market value of a medical man, which has been greatly enhanced since the introduction of the Insurance Bill at home.

4. They are of opinion, on the supposition that the Government of India will continue to have the control and administration of the Indian Army directly, that:—

- (i) One medical service for India to meet the needs of the army is essential for smoothness and efficiency.
- (ii) The R. A. M. C. being restricted as to the admission of officers of British born descent cannot absorb the I. M. S., and as such the I. M. S. could absorb the R. A. M. C. in India.

This corps will include all the medical staff and personnel throughout all grades at present on duty in India both in civil and military hospitals, i.e., R. A. M. C. ranks, assistant surgeons, sub-assistant surgeons, Army Hospital Corps, Army Bearer Corps.

This would be on the analogy of the Colonies:—

East Africa.
South Africa.
West Africa.
Australia, etc.,

which is understood, each, will be responsible for the maintenance of their own armies and their own medical corps.

- (iii) This military medical corps could also be responsible for the needs of the civil population in India with the aid of local provincial medical departments and thus provide a suitable war reserve in the event of general mobilisation by the present organisation of the Indian Medical Service with a few modifications of its civil branch.
- (iv) The aspirations of the Indian educated classes to share in the administration of their own service could be met by the suggestion here-

in contained that the proportion of Indian officers in the future medical service should be up to the proportion of 50 per cent., if this proportion possess the necessary qualifying education and ability.

5. They are of opinion that the Indian Medical Service, could then, with advantage, to denote its nature, be termed the Indian Medical Corps and they express a desire that the King-Emperor be graciously pleased to accord the prefix Royal to the Corps so that its title in future would be Royal Indian Medical Corps bringing it into line with the other corps of the army in general.

RECRUITMENT FOR THE ROYAL INDIAN MEDICAL CORPS.

1. The new corps could be recruited by competitive post-graduate examination as at present, but we are not in favour of the plan. We are strongly in favour of the selection of the future officers of the corps at the outset of their medical curriculum, by the establishment of a military medical cadet college. This principle is adopted in the French Home Army by the establishment of its Medical Cadet College at Lyons, and its college at Bordeaux for the Colonial Army.

The advantages to be obtained by the establishment of such a college are many :—

- (1) The ideas of the young cadets can be moulded according to military ideals, which is so necessary in their army life.
- (2) The cadets, as medical students, can be guided and supervised during the trying ordeal of five years of studentship.
- (3) Any racial prejudices which unfortunately may ever have existed in the past between European and Indian officers will be quickly overcome, in thus bringing them into daily contact at an early age.
- (4) These prejudices, if allowed to continue, will hinder, apart from all other considerations, the progress of scientific effort and of science in all its branches, during the forthcoming struggle in India of hygiene and sanitation on the one hand and lack of education among the masses in this country on the other.

And we are of opinion that the close association of young Indians and young Europeans in their sports and in their studies, consequent on residence under the same roof and under the same conditions of discipline, will lead to establishment of a high *esprit de corps* in the service of which they are ultimately destined to become officers.

The outlines of such a cadet college are sketched in appendix I.

APPENDIX I.

ESTABLISHMENT OF A MILITARY MEDICAL CADET COLLEGE.

The advantages of a military medical cadet college have been briefly outlined in the text. This could be established in London much on the same lines as the French College at Lyons for the cadets of the French Army Medical Service or as Sandhurst and Woolwich for the cadets of the British Army.

We have considered the advisability of establishing another college in India (say Calcutta) which, though it possesses many apparent advantages to the Indian cadets, will not, we believe, be so acceptable as a single college in London, for the following reasons :—

- (1) The opportunity of obtaining a medical education at western medical schools at a comparatively low cost.
- (2) The European officers of the service would have no advantages of a training in western schools over the Indian officers who might only be educated in Indian schools; for however excellent this education could be made, still men trained in western schools which lead the way in modern western medical science will always have superior qualifications.
- (3) All Indian permanent officers of the service who have been consulted, are in hearty approval of the single college in London as opposed to two, one in London and one in Calcutta, and we are convinced that, though many at first will look with disapproval on this idea, still the advantages of a complete

medical training in London are so obvious that, in a very few years, all Indian candidates will prefer to go to a London college rather than one in Calcutta.

- (4) It will be necessary for the civil needs of the population of India generally to establish provincial medical services, the officers of which will have received their complete training in the medical schools of India, and the single cadet college in London would serve readily to differentiate between :—
 - (i) Those who have received a London training and are in the R. I. M. C. as officers of the army.
 - (ii) Those who have received their training in India and are officers of provincial governments.

ESTABLISHMENT OF A MILITARY MEDICAL CADET COLLEGE.

1. Such a military medical cadet college could be established in London much on the same lines as Sandhurst or Woolwich.

We have considered the advisability of establishing other colleges in Edinburgh and Dublin, etc., but we are of opinion that the benefits to be obtained by the residence in a single college of all future officers of the corps outweighs other considerations.

2. Entrance to the cadet college would be by examination in arts subjects, up to the standard of the London Matriculation Examination to be held in Calcutta and in London. The age of candidates should be 17—19 years. The number of cadetships would depend on the number of commissions to be offered year by year. The proportion of Indian cadets to European cadets should be fixed at 50 per cent. and in order to ensure that the suitable class of candidate presented himself for the examination all desirous of entering the new cadet college should before this examination present himself before a Board to be passed physically and socially fit to hold the King's Commission.

This in India should include Indian gentlemen of high standing.

NOTE.—We have considered the possibility of obtaining cadets at, say, the expiry of their 3rd year in the medical curriculum, in any school, whether in the provinces or in India, but the advantages are slight and the disadvantages are many.

3. The successful candidate from India or England would then be required to enter into a bond or agreement with Government as to his future career.

4. The sum, say, of £100 annually would be payable by the cadets' parents or guardians to Government, who would be responsible for the payment for all fees for his medical curriculum.

As the cost of such a curriculum at any of the London hospitals averages about £44 a year, a balance of £56 would be in hand for the expense of this college. With say 50 new cadets each year arriving, the total number in residence would be 250, which would provide a sum of about £14,000 annually. Free scholarships for King's cadets or others who might prove themselves worthy could also be provided out of the sum.

5. The staff of the college in outline would be :—

- (1) 1 Commandant preferably a member of the Board at the India Office.
- (2) 1 Adjutant.
- (3) 1 Quartermaster.
- (4) About 50 Orderlies.
- (5) A sergeant-major for Infantry drill.
- (6) A sergeant-major for riding school, etc.

6. Each cadet should be allowed to select his own medical school (Guys, Barts, etc.). This would avoid any uniformity of scientific training which might be disadvantageous.

On successfully completing his medical curriculum by obtaining his medical diploma (which should be left to the choice of the cadet himself) he should remain at the college for a course of 3 months instruction in military medical subjects at the expiry of which period he should undergo an examination in those subjects taught at the college.

Military training.	} All subjects as at present taught at Aldershot.
Infantry drill and training.	
Riding school tests, etc.	
Hospital administration.	
Medicine and surgery.	

On the place obtained at the 1st competitive examination the seniority for the time being of each cadet should be decided, and he should then obtain the rank of lieutenant.

7. In the event of any cadet being unsuccessful in obtaining his medical diploma in six years, he shall be considered to have forfeited the articles of his bond, and shall not be eligible to enter for the 1st competitive examination for commission (except under such special circumstances as illness, etc.).

In the event of any cadet being unable to complete his 5 years at the college (say, due to death of father or guardian) such case shall be specially referred to the India Office for decision.

The 3 months summer vacation of the medical schools shall be spent—

One month in leave.

Two months in military training with some medical territorial unit or army unit.

On successfully obtaining his commission the pay of lieutenant should be at the rate of £250 per annum until the date of his landing in India when his pay should be allowed at the rate* laid down under the heading "Pay" and his years of full pay service in India will count from that date.

9. On arrival in India lieutenants shall be posted to a school of tropical medicine in India where they shall undergo instruction in tropical medicine, tropical hygiene, bacteriology, etc., and in military surgery. This course should be for 6 months, at the expiry of which time a second examination should be held in the subjects taught at the tropical schools. On the aggregate of marks obtained at the first and second examinations, the final position of each lieutenant on the gradation list will depend.

10. The officers then will be handed over to the Director-General, R. I. M. C., and detailed for duty at any military station.

RECONSTRUCTION OF THE INDIAN SUBORDINATE MEDICAL DEPARTMENT.

We are of opinion that this title should be abolished as the word "Subordinate" is not calculated to add to the *esprit de corps* or the prestige of the officers who are in that corps.

I. Military Branch.

The assistant surgeons under the new station hospital system could be abolished as they are not required. They can be replaced by competent clerks.

Sub-assistant surgeons can be replaced by dispensers so that in future the staff of a hospital will consist of—

- (1) Commandant and Officers of R. I. M. C.
- (2) Quartermaster.
- (3) Sergeant-major and n. c. cs. and men of the R. I. M. C. attached.
- (4) Army Hospital Corps consisting of enlisted men detailed for duty in that hospital from the Brigade or Divisional Company, by D. A. D. M. S. (Mohn.).
- (5) Army Bearer Corps consisting of enlisted men, stretcher bearers and motor ambulance

drivers, etc. (for motor ambulance transport which should be directly under the administration of the commandant of the hospital).

NOTE.—Army Hospital Corps and Army Bearer Corps should have their officers ranking as jamadars and subedars, etc., to maintain discipline.

II. Civil Branch.

1. This which at present is on duty in civil hospitals throughout India should be so constructed to replace the present civil subordinate medical department. We recommend that this be re-organized with (1) a provincial medical department (Bengal, Bombay, etc., which should include the present civil assistant surgeon class, (2) an auxiliary or assistant provincial medical department to include the present civil sub-assistant surgeon class.

2. The Provincial Medical Department.

(i) In order to obtain the best class of medical practitioners in the country who have received their education in medical schools in India the recruitment should be by competitive examination among the medical graduates who hold a degree equivalent to that of M. B. of an Indian University with a full 5 years' course.

(ii) The age of candidates should not exceed 25 years.

(iii) Pay should commence at Rs. 200 a month on the same principles of yearly increment, as we suggested for the officers of the R. I. M. C. These increments should be on a scale of Rs. 20 a month for each year's full pay service so that at the expiry of 30 years' service (when retirement should be compulsory on attaining the age of 55 years) the maximum pay will be Rs. 800 a month.

(iv) Pension.—We would recommend that it should be obtained after 20 years' service at the rate of one-third of year's emoluments drawn during the last year of the full pay service and after 30 years one-half.

(v) Invalid Pension.—For those officers of this department who are recommended for retirement on medical certificate should be granted one year's pay as gratuity on 12 years' service and upwards.

3. The Assistant Provincial Medical Department.—

(i) The recruitment for these should also be obtained by competitive examination among candidates who possess any qualifications which entitle them to be entered on the medical register.

(ii) We are of opinion that in the present state of things it will not be necessary for Government, to provide free education for this class as heretofore. A few worthy but needy students can always be granted scholarships if necessary.

4. Furlough and Leave.—For both the provincial and assistant provincial medical departments should be governed by the similar rules as may apply to the provincial civil service.

PROPOSALS FOR THE RE-ORGANIZATION OF THE MEDICAL SERVICES IN INDIA, PREPARED, IN FEBRUARY, 1919, BY OFFICERS OF THE INDIAN MEDICAL SERVICE SERVING IN KARACHI.

Letter, dated Karachi, the 24th February 1918, and enclosure, from Major A. Whitmore, I.M.S., to the Director-General, Indian Medical Service.

I have the honour to enclose for favour of your consideration a summary of the proceedings of a meeting of Indian Medical Service officers held recently at Karachi. The desirability of some reconstruction of the Indian Medical Service was discussed. Although the meeting was by no means unanimous, these main principles were accepted as representing the wishes of the majority of officers present; and I think that I am right in saying that the greater part of the criticism offered other than those proposals was destructive and not constructive. The meeting did not discuss the details of any particular scheme but restricted itself to main principles.

ENCLOSURE TO ABOVE.

At a meeting of Indian Medical Service officers held at Karachi on 19th February, Lieutenant-Colonel J. Morwood, I.M.S., in the chair, it was decided that some reconstruction of the Indian Medical Service was necessary in the interests of medical progress in the Indian Empire. The meeting was of opinion that this reconstruction should proceed on the following lines:—

(1) That there should be a military medical service and a civil medical service in India recruited independently.

(2) That there should be a single military medical service for India under the control of the Government of India.

(3) That the present regimental hospital system should be replaced by a combined (British and Indian) station hospital system.

(4) The reserve for the military service should be obtained by:—

- (a) Recruiting for military service a certain war reserve which would be seconded in peace time to the civil medical service.
- (b) That all members of the State civil medical service should be liable under their contract to be called up for military service in time of war.
- (c) That this reserve could also be added to by giving adequate retaining fees to independent medical practitioners for military service in war time.

The whole of this reserve should be kept in touch with military duties by periodical training.

(5) Recruiting for both the services should be by open competitive examination held in London twice a year. To give better facilities for Indians to com-

pete, a system of scholarships awarded by competitive examination among the statutory Indian medical graduates of Indian universities should be instituted. These scholarships should be tenable for 2 years, or until such time as the holder enters the service which ever be first. At least one year must be spent in Europe or America.

(6) Though recruitment for the services should in general be by open competitive examinations, yet the meeting recognises that professional and special appointments should be recruited from as wide a field as possible, in or outside the government service.

(7) In view of the increasing unpopularity of the Indian Medical Service, the meeting regards it as an extremely important and urgent matter that a very definite increase of both pay and pension for the service, as at present existing, should be considered forthwith.

(8) Also that upon the cessation of present hostilities the question of leave, and furlough pay, etc., be considered without delay.

EXTRACT FROM A MEMORANDUM, DATED THE 24TH MAY, 1918, SUBMITTED TO THE GOVERNMENT OF THE UNITED PROVINCES BY 21 NON-OFFICIAL MEMBERS OF THE UNITED PROVINCES LEGISLATIVE COUNCIL, CONTAINING THEIR VIEWS ON THE REPORT OF THE ROYAL COMMISSION ON THE PUBLIC SERVICES IN INDIA.

Medical.

74. We agree with the Commissioners that "the medical needs of the army and of the civil administration" should be calculated separately on their merits (paragraph 2, Annexure XII), and that a distinct and separate Indian Civil Medical Service should be constituted. But we cannot follow their recommendation that "the officers forming the medical reserve of the army" should continue to be appointed to the civil posts, and "only any excess of civil posts should be filled by civil recruitment." The Commissioners definitely make the recruitment of civil officers to the Civil Medical Service dependent upon military exigencies and are so doubtful of "the maintenance of a civil element in the civil medical administration" under their proposals that they are moved to suggest that "it should be considered whether a minimum number of civil officers in civil medical service should not be fixed."* We should rather have thought that having made bold to recommend the constitution of a Civil Medical Service the Commissioners would see fit to make a reality of it, either by proposing that members of the military medical service should no longer be appointed to civil posts or, at any rate, by fixing a maximum number or proportion to be so appointed. As it is, "the recommendation in the annexure proposes practically to shelve the question to a subsequent investigation after the close of the present war, at which an estimate is to be made of the war reserve on the military requirements in time of war; and this war reserve is to be drawn upon first for all appointments in civil employ, and it is only when no Indian Medical Service officer is available for a civil medical post that direct civil recruitment is to be resorted to."† If this was the Commissioners' intention they might as well have said, let the *status quo* remain. But it is inexpedient and undesirable to leave the civil medical administration perpetually dependent on military requirements, and we agree with the hon'ble Mr. Chaubal that this state of affairs should be changed. The present war has shown conclusively how embarrassing it is to the civil administration to be left dependent on military exigencies. But the position was by no means free from difficulty even in the ante-war period. For instance, we find that the late Lieutenant-Governor of these provinces recorded the following opinion in a note prepared for the Royal Commission on Decentralization:—

"The Director-General of the Indian Medical Service does not interfere with the administrative authority of the Local Government; but there are three matters in connection with medical arrangements in which the Local Government is hampered under existing regulations—(i) it has no word in the selection of the Inspector General of Civil Hospitals in the province, (ii) it is not allowed to select or even recommend a member

of the Indian Medical Service in military employment for service in the civil medical department of the province—it has to take the nominee of the Director-General of the Indian Medical Service, and (iii) it has no power to send back to military work a medical officer in a permanent civil appointment who shows himself unfit to be retained in it—this can only be done by the Government of India. Nos. (i) and (iii) are part of the price that the civil governments have to pay for employing in civil medical offices medical officers belonging to a service maintained in the first instance for a military purpose. No. (ii) seems an unnecessary restriction. In the matter of fees earned by medical officers under its control, whether for attendance on native chiefs or on Indian gentlemen, the Local Government has no authority. It is centred in the Director-General of the Indian Medical Service and the Government of India."‡

We are clear that Local Governments should not be called upon any longer to pay the price to which Sir John Hewett referred, and that military and civil medical requirements should be provided for separately and independently of each other as in other Departments. Nor is there reason for the existing arrangement when the Government maintains in India costly and well equipped medical colleges such as those at Calcutta, Bombay, Madras, Lucknow and Lahore. There should be a Civil Medical Service and it should be recruited for, to a very great extent for some years to come, and wholly thereafter, from among qualified men in India.

75. Our proposals are as follows:—

- (i) Members of the Military Indian Medical Service should not be eligible for civil medical posts, and henceforth the recruitment to that service should be strictly limited to military requirements.
- (ii) An Indian Civil Medical Service should be constituted and the Indian Medical Service should be designated the Indian *Military* Medical Service.
- (iii) For some years to come, i.e., until the situation adjusts itself to the new conditions, members of the Indian Medical Service may continue to be employed in civil posts in limited but diminishing numbers.

[We may perhaps say that in the first five years after the constitution of the Indian Civil Medical Service one-third of it may be staffed by I. M. S. officers and in the second five years, one-sixth.]

- (iv) The Indian Civil Medical Service should be recruited in India. If it be found that it will be necessary to make partial recruit-

* Annexure XII, Part III, Chapter XIII, paragraph 52 (ii), p. 266, Vol. I.

† Minute of the Hon. Mr. M. B. Chaubal appended to Annexure XII, p. 281, Vol. I.

‡ Minutes of Evidence taken before the Royal Commission upon Decentralization in the United Provinces. Vol. VII, Appendix V, paragraph 10, p. 163.

ment in England also, this should not be for longer than ten years, nor to the extent of more than one-fourth.

- (v) All measures necessary to improve and develop Indian medical colleges should be adopted at whatever expense, and besides, substantial encouragement should be given to private bodies such as the colleges of physicians and surgeons in Bengal and Bombay.
- (vi) Three-fourths of the members of the Indian Civil Medical Service (after providing in the first ten years for the proportion of I. M. S. officers in civil employ) should be appointed by direct recruitment by means of a competitive examination, for which the admission test should be the M. B., B. S. degree of an Indian university or a corresponding degree or diploma obtained in the United Kingdom, and one-fourth by the appointment of promoted Civil Assistant Surgeons.
- (vii) Officers of the Indian Subordinate Medical Department should not be eligible for any civil medical appointment.
- (viii) The pay of the Inspector-General of Civil Hospitals, who will cease to be an I. M. S. after the expiry of ten years at the outside, may be fixed at Rs. 2,000
- (ix) The pay of Civil Surgeons should be Rs. 500—75—1,100.
- (x) The pay of Civil Assistant Surgeons should be Rs. 250—50—400.
- (xi) The posts of principals and professors, lecturers, etc., in medical colleges should be

filled after advertisement and on the recommendation of a competent selection committee in each province, and they should not be restricted to members of the service. But the latter should not be excluded from them.

- (xii) The degree of Bachelor of Sanitary Science and the diploma of D. P. H. should be instituted in each province and suitable instruction arranged for in the five medical colleges maintained by Government.
- (xiii) The holders of that degree and of that diploma should be the persons from among whom appointments in the Sanitation Department of each province should be made.
- (xiv) The appointments of Inspector-General of Prisons and Sanitary Commissioner should be reserved for the Indian Civil Medical Service after the expiry of ten years from the date of its constitution, and so should the posts of Superintendents of Jails.
- (xv) Members of the service should be periodically given "study leave" to proceed to the United Kingdom and other countries to improve and extend their knowledge.
- (xvi) To the extent that Government may deem it necessary that its employes in the Medical, Jail and Sanitation Departments should undergo training in the United Kingdom, Indian medical graduates of distinction should be given scholarships and helped to receive such training.

MEMORIAL, DATED THE 13TH NOVEMBER, 1917, REGARDING A SCHEME OF REFORMS OF THE MEDICAL SERVICES IN INDIA, SUBMITTED TO HIS EXCELLENCY THE VICEROY BY THE BOMBAY MEDICAL UNION.

1. The Bombay Medical Union represents the Independent Indian Medical Profession of Western India. It has been recognised by so eminent an authority as the late lamented Sir Pardey Lukis of the Indian Medical Service as the enlightened body of educated men representing the views of the Indian Medical Profession in Western India.

2. Many members of this Union and the body it represents are discharging their duties towards the British Empire in this crisis. Several have laid down their lives on the field of battle, and some have received honours and have been mentioned in despatches from time to time.

3. The one desire actuating the Union and the educated profession it represents is to be helpful in the consideration of the proposed reforms for meeting the legitimate aspirations of Indians in the governance of India, by placing before you a scheme for giving a due share to the Indian Medical Profession in the Medical Services of the country.

4. The Indian Medical Profession, while claiming its rights, is prepared to shoulder all the burdens of Imperial Citizenship, and the scheme that is formulated provides for the automatic use of the entire personnel of the Indian Civil Medical Service for Imperial purposes in the case of an Imperial necessity like the present.

5. The Union, therefore, humbly begs to submit the scheme of reforms prepared by them, which is herewith annexed and marked A.

A

THE SCHEME.

The following Scheme of Reforms of the Medical Services in India, has been formulated with the object of dealing with a necessary and important aspect of the political and administrative reconstruction of India. It has been prepared from a dual standpoint, to meet the legitimate demands of Indians, as well as to satisfy at the time of a world crisis like the present, the military requirements of the Empire at large. Demanding equal citizenship in the Empire, Indians are prepared to shoulder equally its responsibilities.

Reasons and Objects of the Scheme.

(a) The Public Service Commission's Report itself leaves this subject as one for fresh investigation and remodelling after the war.

(b) The existing system was found insufficient under the severe strain of the present war.

(c) The genuine claims of the Indians for a larger share in the administration of their own country, as unanimously voiced by their representative institutions, cannot be said to be fulfilled unless the doors of the services, including the important medical services, military and civil, are thrown wide open, giving equal opportunities to all Indians to enter the same by removing the disabilities with which they are throughout confronted at present.

(d) It is necessary to prepare a scheme which under an Imperial crisis would automatically supply to the Indian Government a *war reserve* to meet the military demands of the Empire, without dislocating the educational, scientific and medical needs of India herself.

With these considerations in view this scheme has been prepared.

In consonance with the opinion of the Public Services Commission, the medical service should consist of two distinctly separate branches, military and civil, and we shall accordingly deal with the same separately.

(A) Military Medical Service.

Name.—The service should be styled "The Indian Military Medical Service (I. M. M. S.)."

Work.—The work of this branch of the service should be purely military.

No civil appointments should be given to members of this branch of the service as such. They should be at liberty to compete for any post in the civil branch of the medical service. In case of such candidate acquiring a civil post he should resign from the military branch of the service.

Personnel.—It should be enough to meet the needs of the Indian Army on a peace footing.

War Reserve.—It should be formed by the whole of the civil branch of the medical service.

(a) Each member of the Civil Medical Service in all its grades should give an undertaking to join the military branch and to proceed on active service whenever called upon to do so in the event of war.

(b) Necessary Military Training should be given in India to all the members of the Civil Medical Service.

Personnel in peace time.—It shall consist of:—

(a) *Commissioned Officers.*—They shall be recruited by simultaneous competitive examinations to be held in England and India and shall be

trained in tropical and military subjects either in England (Army Medical School) or at a similar college to be established in India.

(b) *Non-Commissioned Officers*.—They shall consist of, as at present—

- (1) *The Anglo-Indian Branch*, now, known as the (I. S. M. D.) Military Assistant Surgeons, and
- (2) *The Indian Branch*, now, known as the (I. S. M. D.) Sub-Assistant Surgeons.

These two branches of Non-Commissioned Officers should be placed on exactly the same footing. The present distinctions (shown in Appendix)* between the pay, promotion and prospects of these two branches, both with almost the same standard of preliminary education, the same duration of studies and the same qualifications based merely on racial considerations should be abolished. Early efforts should be made to raise the standards of education, preliminary and medical, as regards both these sections, so as to conform to the lowest requirements of the General Medical Council of Great Britain. And every such effort to raise the standard should apply simultaneously to both the Indian and Anglo-Indian Branches.

(B) Civil Medical Service.

Name.—The service should be styled the Indian Civil Medical Service (I. C. M. S.).

Work.—The work of this branch of the medical service should be *civil work* in peace times and it shall constitute the *war reserve* of the Indian Empire in the event of war, as stated above, under the head of Military Medical Service.

Branches.—It should consist of two branches :—

I.—Imperial including—

- (a) Medical Education Department.
- (b) Public Health Department.
- (c) Bacteriological Department.
- (d) Civil Surgeoncies, Alienists, Jail Superintendencies, Residency Surgeoncies, State Railway Surgeoncies.

II.—Provincial including—

- (a) Higher grade, now known as Civil Assistant Surgeons.
- (b) Lower grade, now known as Civil Sub-Assistant Surgeons.
- (c) Provincial branch of the Public Health Department.

(B. I) Imperial Civil Medical Service.

(a) *Medical Education Department* :—

Work.—This Department should include Professorships in Government Medical Colleges and teaching institutions in India and the supervision of lunatic asylums.

Recruitment.—It should be by election from the open profession in the United Kingdom and India. The appointment should be made by the Government of India assisted by a Committee of five persons, not more than two of whom should be members of I. C. M. S. and at least two of whom should be from the province to which the appointment is to be made, and at least three of whom should be Indians.

Private Practice :—

(i) For holders of *Scientific chairs* it should not be allowed.

(ii) For holders of *Clinical chairs* consulting practice should be allowed in their own subjects.

(b) *Public Health Department* :—

The Imperial Government should only keep a leave and training reserve for the whole of India, and the rest of the department should be provincialised.

(c) *Bacteriological Department*.

Recruitment.—It should be recruited on the same lines as the Medical Education Department (a) above.

Private Practice.—It should not be allowed. If Government direct such work to be done for the public on stated charges, all fees should be credited to the Government, and a suitable monthly allowance only should be paid to the incumbent.

(d) *Civil Surgeons, Presidency Surgeons, Jail Superintendents, Residency Surgeons, Railway Surgeons.*

Recruitment.—It should be simultaneous competitive examination in England and India.

Private Practice.—It should be allowed so far as it does not interfere with their duties except to those who are in charge of Jail Departments.

N.B.—The posts of Chemical Examiners and Mint Assay Masters should not be restricted to the members of the medical profession, but should be open to all qualified chemists and metallurgists.

(B II) Provincial Civil Medical Service.

(a) *Higher grade*—Civil Assistant Surgeons.

Recruitment.—It should be by competitive examination.

Emoluments.—Rs. 150 to Rs. 450. On the same basis as the Provincial Civil Service.

Promotions.—They should be promoted to Civil Surgeons, as recommended by the Public Services Commission.

(b) *Lower Grade*—Civil Sub-Assistant Surgeons.

Efforts should be made to raise their standard of education as stated above *re* Military Assistant Surgeons.

(c) *Provincial Public Health Department*.

Recruitment.—All posts should be open to all men in the service to be selected according to the qualifications.

Indian University degrees in Hygiene should be recognised as a qualification for the same.

Pay Leave Rules.—Should be the same for all officers however recruited.

Women Medical Service for India.

1. All the registrable qualifying degrees and diplomas of the Indian Universities should be treated on a par with similar degrees and diplomas of the Universities of the United Kingdom. All distinctions should be abolished. Efforts should be made to improve the conditions of the service and give wider opportunities to Indian lady graduates.

2. All higher posts should be given to Indian lady graduates holding high qualifications and the same must not be reserved mainly for Europeans as hitherto done. Preference should, on the contrary, be given to such Indian ladies for encouragement and expediency.

3. For the welfare and amelioration of the women of India Government Scholarships for higher education or post-graduate work for Indian lady graduates distinguishing themselves in their University careers in India, should be established.

4. In the Female College, all professorships should be open to Indian lady graduates of the required merit and qualifications.

ENCLOSURE.

MINUTES OF PROCEEDINGS AT A DEPUTATION TO THE SECRETARY OF STATE FOR INDIA (THE RIGHT HON'BLE EDWIN S. MONTAGU, P.C., M.P.), FROM THE BRITISH MEDICAL ASSOCIATION, RECEIVED IN THE COUNCIL CHAMBER OF THE INDIA OFFICE ON THURSDAY, 27TH JUNE, 1918.

PRESENT :

The Secretary of State for India (The Right Hon'ble Edwin S. Montagu, P.C., M.P.).

Sir Clifford Allbutt (*President*).

Sir Berkeley Moynihan, K.C.B., C.M.G.

Surgeon-General P. H. Benson, I.M.S.

Lieutenant-Colonel R. H. Elliott, I.M.S., Naval and Military Committee.

Dr. Dawson Williams (Editor of the *British Medical Journal*).

Dr. J. Neal (Deputy Medical Secretary, B.M.A.).

} Representing the
British Medical
Association.

Sir Clifford Allbutt.—I have the honour, Sir, to introduce to you the members of the Deputation. In addition to myself, the Deputation consists of Lieutenant-Colonel R. Elliott, of the Indian Medical Service

and the Naval and Military Committee; Sir Berkeley Moynihan, K.C.B., C.M.G.; Surgeon-General T. H. Benson, Indian Medical Service; Dr. Dawson Williams, Editor of the *British Medical Journal*; and Dr. J. Neal, Deputy Medical Secretary of the British Medical Association, gentlemen some of whom you no doubt know very well indeed. I appear as President of the British Medical Association.

I am afraid your criticism may be that I have come to speak to you upon a subject of which in my position I know nothing much, and for that reason I will not occupy more than I can help of your precious time. I suppose that at any rate one moving occasion for this meeting is that there is a feeling on both sides, both in our own profession and also, I believe, in the Government, that the Indian Medical Service is not so attractive at this moment as it might be; and I think that is true. At first I was asked whether, in my own University of Cambridge, there was any advice given to students one way or the other. When I came to think of it, it struck me that I hear, I will not say of none of our young men, but very few of our men going into the Indian Medical Service. That, together with reports which I have heard from my colleagues and others, and also from a letter which we have had from Edinburgh University, leads me to suppose that the service is not at present so attractive as I remember it used to be in my younger days when I was at college. That I shall leave others, who know more about it perhaps than I do, to speak about.

I then go on to the only point upon which I can profess to speak to you in any sense as an expert. When I look at the Indian Medical Service as a whole (I think this is not a digression, because I am referring to a point with which I am fairly familiar) I do not think it has its roots in medical science in the way that it ought to have, and I think that is one very good reason perhaps why it is standing still now. I know and you know that there is a great deal of very brilliant individual work being done by men—perhaps many men—whose names I might cite, the names of men that rise to the memory of all of us, but—and here I speak under correction—there is not a thoroughly organised and well-endowed system of research in medicine and the ancillary sciences. There is scarcely anything like a systematic, well-organised system; and without that I am sure from my own university experience and my experience of the National Medical Research Committee, of which for some years I was a member, and from other experience, that unless there is a strong foundation of that kind of permanent research on a considerable scale the service will not thrive. Many words were spoken in the same direction, as you may remember, about the army medical service some 20 years ago. At that time the matter was first of all taken up at Netley; afterwards the work was, as you may remember, moved from Netley to Millbank; and from that time there has been in existence a systematic, organised centre of medical research, partly covering no doubt tropical diseases, while at the same time there has also been an evolution of hospitals for that special purpose. That, I venture to think, has had a very remarkable effect upon the whole of the military medical service—I am speaking now, of course, of the home service.

As regards the Indian Medical Service, I am under the impression—and again I speak subject to correction—that it is not sufficiently well paid or at any rate sufficiently attractive in many ways,—pay is only one thing. At all events, a sufficiently attractive foundation is not laid upon which a tree can very rapidly begin to grow of the research system as a result of which all these appointments can be filled. I believe it is even not very easy for a member of the Indian Medical Service who has a disposition to carry out research to obtain leave and a berth in which to carry on his researches. I know from research in my own university that every student under our medical faculty has to undertake two pieces of research during his time; and I know that it is exceedingly difficult for a man in practice to settle down to anything like systematic research. If a man is merely on an uncertain tenure and has got to put in a little research work off and on when it is convenient to him, and get leave and so on, that I think is really of very little permanent use; it dries up; those saplings do not grow. There should be a permanent system of medical research, which should be as it were, the fountain from which all the rest should come. Those are the main points I should like to impress upon you from my own personal experience.

Then I might go on to the question of teaching. Any student who goes out from England to India has no doubt a very great deal to learn; that must be the case; I need not labour that question. There must be a great deal of teaching and learning of a formal or informal kind, but I am perfectly certain that the teaching and the learning would be of no use whatever unless they are supported by a system—again I come back to that point—of organised, disinterested research. By that I do not mean taking up remedies for this disease or that disease; I am not speaking of any utilitarian research, but of independent, disinterested research made attractive to men and in which there is a sufficient number of permanent berths, so that a man is not just turned in there for one month or three months to do a bit of work which may or may not happen to be of some service, but men will devote, shall I say, their lives to it, they will devote themselves entirely to research and they should be tempted by various positions in the service to take up that kind of work. Some men are better fitted for that than they are for practice.

The only other point I desire to mention is really part of the same question, and that is what is called "Study leave." "Study leave" is not a phrase that I would very willingly accept; I would rather say "study periods." "Study leave" means probably asking for leave. I would say that it should be compulsory for a man to undertake a study period; that he should not have to ask for leave, nor should it be put as a matter of leave, even if the suggestion is made to the student, but there should be compulsory study periods from time to time in the course of the service.

I think I have said all I desire to say upon those points, Sir, there are no others in regard to which I am in any sense an expert, and therefore, I have no right to take up your time further. I will now call, if you will allow me, upon Lieutenant-Colonel Elliott to make some further remarks.

Lieutenant-Colonel Elliott.—Sir, will you permit me to read what I have to say, because one feels that the matter is so important that one wishes to choose one's words very carefully.

The Secretary of State.—Certainly.

Lieutenant-Colonel Elliott.—It was in September, 1913, that the Secretary of State for India invited the British Medical Association to assist him to ascertain the causes of the very serious falling off in the number and quality of the candidates for commissions in the Indian Medical Service. After careful inquiry the association drew up a memorandum on "The present Position and Future Prospects of the Service," which was forwarded to the Secretary of State in October, 1913, and placed before the Royal Commission which sat in London in July, 1914. This memorandum discussed the principal causes of the dissatisfaction with the conditions of service which undoubtedly existed among the officers, and indicated the remedies which the association considered were required. The chief points dealt with were: (1) the inadequate scale of remuneration; (2) the difficulties in obtaining leave and study leave; (3) the constant, irritating and damaging interference with private practice; and (4) the unsatisfactory position of the Director-General and Surgeons-General in relation to the Government of India and the local Government. Evidence on these matters was given before the Royal Commission by Lieutenant-Colonel R. H. Elliott on behalf of the association. The association has no concern with the finding of the report on the condition of other services, but it feels that the Commission completely failed to appreciate the gravity of the position so far as the Indian Medical Service was concerned. Its recommendation and the whole attitude it took up were a cause of bitter disappointment to the officers of the service and to all who had their interest at heart. When the report of the Royal Commission was published in January, 1917, the association drew up a memorandum on that part of the report which dealt with the Indian Medical Service, recording its profound concern and disappointment with the whole trend of the report and its recommendations, and pointing out (1) that the various points which the association had drawn attention to had received scanty attention; (2) that there was little or no evidence of any intention to redress the numerous grievances; and (3) that those grievances, if allowed to continue, could not fail to result in a marked deterioration in a service which had already become so unpopular as to cease to attract the class of candidate which it formerly commanded. This memorandum having been approved by the Council and representative body, it was decided to ask the Secretary

of State to receive a deputation from the association, and, when it was found that the proposed deputation could not take place until after the Secretary of State's visit to India, the position was regarded as so serious that a further memorandum was prepared and published in the *British Medical Journal Supplement* of 12th January, 1918, copies being sent to the India Office and to the Secretary of State in India.

The association is deeply interested in the welfare and in the future prospects of the Indian Medical Service. It feels that it has a right to be proud of its past records, which entitled it at one time to be considered one of the finest, if not the finest, medical organisation in the world. Its members have distinguished themselves alike on the field of battle and in the cause of science, using the latter word in its very widest acceptance. There was a time when it could and did command the best the British medical schools could give, whereas to-day its officers are in despair. The war, which has provided so many openings for other branches of the army, has brought nothing but ruin to them. We have received a large number of letters containing cold details of the financial position of the writers, showing that they have been living on their savings or on their other sources of private income during the last three-and-half years, and are now heavily in debt. They complain that their services have not been used to the best advantage, and that they have been constantly superseded by officers junior to them in other branches of the medical organisation, and that they are not being paid a living wage. We are confident, Sir, that this matter will receive your very early and sympathetic attention. The association looks upon it as a most pressing matter, and regards with the very gravest concern the straits to which these officers have been reduced through no fault of their own. That the position is indeed a serious one is obvious from a confidential circular issued by the Adjutant-General in India to General Officers Commanding Divisions, dated 5th April, 1918: "The attention of His Excellency the Commander-in-Chief has been drawn to the fact that informal meetings of officers of the Indian Medical Service have recently been held at various stations in India, at which the future of that service was freely and informally discussed by those present. The Commander-in-Chief considers such assemblies, even though they be of an informal nature, for the purpose of discussing questions connected with the organisation of their service or with the rules for promotion or employment pertaining thereto, are contrary to the customs of the army and opposed to military discipline." That such meetings have been held all over India we are aware, but we feel strongly that no good will come of stifling the feelings which have given birth to this movement. No service is more loyal than the one whose cause we are pleading, and we feel that nothing but a very grave state of affairs could have brought the officers to their present state of apprehension, of unrest, and we might almost say, of despair.

There is another point which has been represented to us. The late Director-General, speaking in an Indian Medical Service officers' mess, made the statement that, whereas the officers of the service were so discontented that they proposed to resign their commissions in large numbers as soon as the war was over, he desired to let them know beforehand that such a course would not be permitted. This statement has been widely circulated and has caused a great feeling of unrest and apprehension. The association would like to have your assurance that no such interference with the retirement of officers at the end of the war is either intended or likely.

So far I have spoken of the interests of the officers who are now in the service, but the association feels that it is on even stronger ground when it addresses you on behalf of those who are likely to be candidates in the future for commissions in the Indian Medical Service. It desires to remind you that for four years the number of medical students trained has been very small, whilst during the same period the wastage of the lives of medical men has been large. Moreover, the end of the war will see great openings in the colonies and elsewhere for our young medical men. India needs the best that Great Britain can give, but it must be obvious that the quality it obtains will be regulated by the law of supply and demand. The British Medical Associations and the medical schools cannot be expected to give of their best to a service with inferior attractions, and the association is therefore anxious to know whether the Government of India is prepared to offer such terms as will attract the class of man that

is needed. With this end in view we wish to ask you, does the Government propose to effect such reforms as will remove the present disabilities of those engaged in the service?

In conclusion, we desire to invite your attention to a point which we feel sure has been already brought before you. It is that the Indian Medical Service is the hinge service of India. If it goes, every other European service will suffer with it. It will not suffer alone. Of this we are confident, and we speak on very strong evidence. We feel that the occasion is a most momentous one and not only we and the officers of the Indian Medical Service, but the members of a much larger public as well await your reply with the greatest anxiety.

Sir Berkeley Moynihan.—I am asked to speak to you as one who, in the days of his youth, entered the medical profession in order that he might enter the Indian Medical Service, and also as one who for a great number of years has been engaged in the teaching of men, many of whom have entered the Indian Medical Service and are now serving in it. I can confirm what has been said by former speakers, that ever since I have known of the question there has been a progressive deterioration in the qualities of the service and in all those attributes of the service which should make it attractive to men, but which have insidiously become repellent to them. When men who are about to decide on their future career have asked me as to the opportunities offered to them in the Indian Medical Service, I have had to say of recent years that I could not advise them to enter it. A few, in spite of that, have entered, and I have received from them letters from time to time showing me that they have regretted the decision they took. When I compare the reputation of the service at the time when I was a student, and when it was my ambition to enter it, with the reputation which the service now enjoys, I can only say that the change has been one of great disaster. I desire to submit to you some of the considerations which would make, in our view, the service an acceptable one so that you could once again attract the best men who are now passing out of our schools. One of the first things that suggests itself is that instead of there being two corps serving in India, it would be a great advantage if there was only one. There should be a Royal Indian Medical Corps instead of the Royal Army Medical Corps and the Indian Medical Service. When a man is accepted for service in this new corps he should at once be seconded for study as a resident in a hospital at home; that is to say, nobody should be allowed to work in India until he has had an opportunity of acting as a resident, probably both on the medical and on the surgical sides, and perhaps also undertaking researches in the laboratories of his own hospital or another hospital to which he would be allotted. The third condition which we consider desirable is that there should be increased pay. That, I understand, has received sympathetic consideration already, but, so far as we can judge, the amount which is suggested is inadequate. In the fourth place I desire to mention an aspect of the question which has made a particular appeal to me, and that is that the men should have a compulsory study period—I use Sir Clifford Allbutt's phrase rather than "compulsory study leave." It has been a growing conviction in the minds of many of us who have been practising medicine and surgery in the country recently that there has been amongst us all too little intellectual traffic, that the men in one hospital have hardly known what is happening in another. During the last few years some of us have been able to alter very considerably things in that regard by the formation of societies and of clubs for travel and by inaugurating and continuing courses for special study. The Universities and the teaching schools have attracted men from other hospitals, with the result now—or it was so before the war—that it is a commonplace to see surgeons coming from other places to spend periods of study of one, two, three, four, five, or six months, in the particular subject in which they are interested. We all feel that if something of that sort could be inaugurated, could be encouraged and could be made compulsory, it would be all to the advantage of the service. The future of medicine and of surgery do not rest entirely upon clinical work. This is a very critical moment in the history of our profession in the opinion of all who are engaged in teaching. We feel that clinical medicine and clinical surgery have got as far as they are likely to with older methods, and

that if an advance is to be made in the future it can only be made by linking up research work and clinical work in a greater degree than before. The men who first entered the Indian Medical Service made a considerable reputation in the past for the original scientific work that has been done. But what has been done by one man ought to be done by many, and we look to you here to say that it is your intention to encourage research and to offer not only opportunities, but something in the way of reward for successful researches carried out. That reward may take many shapes; I need not specify what they are, but we feel that the whole future of the medical profession is bound up with questions of that kind, and that the greater the encouragement you can give for the carrying out of research and the greater the rewards you can offer, the greater will be the advantage to our profession as a whole.

Then, Sir, there is the question of the continuation of the men who are serving in the Indian Medical Service in their privilege, of which I believe they have been in a more or less measure deprived of conducting private practice. It is the feeling of all the men with whom I have spoken that that privilege or that right, whichever it is, should be allowed to continue in the future, always provided, of course, that the duties appertaining to the office which the man holds in the service should not be interfered with in any way.

Finally, Sir, there are certain administrative changes which are necessary. To those, others are more competent to speak than myself. May I say finally, Sir, that in my judgment you are in an extremely critical position? The situation at the moment is crucial and requires the most tender and sympathetic consideration and treatment. If it receives that at your hands I have every confidence in believing that the future of the Indian Medical Service will be as great as the very distinguished past it has had.

Dr. J. Neal.—As an official of the association, Sir, which numbers nearly 23,000 members, I wish to emphasise the fact that in taking up this question of the Indian Medical Service we are not actuated by any selfish motives. As a matter of fact, the total number of officers in the Indian Medical Service is barely 2 per cent. of the total number of registered medical practitioners in the United Kingdom, so that really the profession would not be materially affected if the Indian Medical Service did not exist. But we assume that the Government desires to have an efficient service, and, knowing as we do the discontent which exists amongst the officers of the service and the causes which have given rise to it, we feel bound to place our knowledge at the disposal of the Government. Many of the defects to which our attention has been drawn and the suggested remedies have not been mentioned this afternoon, but they are clearly set out in the various memoranda which we have prepared and which have all been forwarded to you.

The present position is admittedly unsatisfactory. Young men are deterred from entering the service, and the teaching authorities of our medical schools feel that they cannot advise their students to take up the Indian Medical Service as their career. As evidence of that I would just like to read a few lines from a letter we have received from Professor Harvey Littlejohn, Dean of the Faculty of Medicine of the University of Edinburgh, who, after writing to say how sorry he is he cannot be present this afternoon, says: "I would very gladly have come, as the question is one which is of great interest and importance. I have for several years advised graduates not to go in for the Indian Medical Service under the present conditions, and I did so with great regret, because in former years the service was able to command the very best of the graduates of Edinburgh."

Sir, as the great representative organisation of the profession, the association is also looked to for advice on this matter, and it will be glad to know the intention of the Government and the extent to which it is proposed to give effect to the various reforms which we have indicated as being in our opinion essential if the service is to preserve in the future that high standard which it has attained in the past.

Dr. Dawson Williams.—Sir, it is thought that I ought to say a few words although I feel that I cannot add anything to what has been already laid before you. But I have been Editor of the *British Medical Journal* for some 20 years, and consequently the complaints and the grievances, and the hopes and fears, of that service are continually being brought before me. If I look

back to my own early days, the Indian Medical Service, as Sir Berkeley Moynihan has said, commanded really the cream of the medical schools among a certain class of men—a very superior class of men—men who, among other defects, suffered from want of money and who desired to find a means of livelihood. We were told—and I was led to believe from the experience of contemporaries—that that was the case. But we are now quite clear that that is no longer the case. Another inducement was the opportunity for the study and practice of medicine. That was a very great inducement to the class of man that you desire to have, and of course he always had at the back of his mind the hope that eventually, when he got to be middle-aged, he would have the opportunity of achieving such financial success as might put him beyond the need of coming home to live under circumstances of penury. That has been, as I understand and believe, largely destroyed. It never applied, of course, to a very large number of men; it only obtained in a few centres; but there was a sporting chance and that had a very considerable amount of weight.

I will not detain you any further, Sir, except to say this: that it has been a grievous trouble to me to see how steadily year by year the whole tone of this great service has deteriorated. It is not that the men have deteriorated, but that their outlook has deteriorated. They become depressed and discouraged. We look to you in the hope that a better state of affairs may be brought about. We know very well the difficulties of your position; we know the immense task that is in front of you. We know that in the pronouncement which you made last August you indicated the direction in which your policy had to go, but we also observed that you said, as emphatically as you said anything else, that that policy must develop through successive stages. We are of the opinion that during that development, whatever direction it may take, the Indian Medical Service should be maintained, and we appeal to you to restore that service to the contentment which it formerly enjoyed.

Surgeon-General Benson.—I will not detain you a minute, Sir. Having held the appointment of surgeon-general in Madras, I should like to emphasise one point that Colonel Elliott brought out, and that is the position of the surgeon-general as regards the local Government. As the head of the scientific branch the surgeon-general has no access whatever to the Members of Council or the Governor; all his proposals are dealt with as a rule by a junior civilian, and afterwards handed over to the Member of Council who holds the medical portfolio. He not being fully possessed of the technical and scientific knowledge which is required to deal with these matters, the proposals are generally shelved or are very often shelved, without proper justification. Another point I can speak of in connection with that is the difficulty experienced by officers in getting leave, not only leave for furlough but leave for study, and that is entirely due as far as I know, to the deficiency in the *cadre* of the Indian Medical Service.

The Secretary of State.—Sir Clifford Allbutt and Gentlemen, I think my first duty is to apologise to you for the great length of time which has elapsed before I saw my way to receive this deputation; and my second duty is to thank you for coming here to-day and for giving the carefully thought out and very weighty words of warning which you have all addressed to me, particularly those of Colonel Elliott. I do not think it will be necessary for me to say that advice coming from you, the representatives of the medical profession, particularly at this moment, when your profession stands, if possible higher than it ever did, because of the services that you have rendered both at home and in the field, will receive the most attentive and sympathetic consideration not only from me, but from the Government of India, who are charged with the responsibility of maintaining the Indian Medical Service.

Now, Gentlemen, I am going to follow the example of Colonel Elliott; I am going, if you will permit me, to read in the main what I have to say to you. I cannot give you to-day either in outline or in detail a settled policy. Our policy with regard to the problems which you have brought to our notice must be carefully elaborated in a time of a great pre-occupation, not by me but by the whole Government machine—by the Government of India as a whole, by the India Council, over which I have the honour to preside, consulting together and carefully weighing all the advice and assistance which we can obtain. Therefore, I think the best thing I can do is to tell you quite frankly my own personal

views, in order that you may know, at a time when the policy is not complete, what I at any rate intend to try and achieve. I do not mean to say that there is any difference of opinion among us, because I know there is not. I have recently come from India, where I have had opportunities of consultation with the Viceroy and Members of his Government, and I can say that there is not. I have no right to speak for anybody else at this stage, and I want you to understand that I am speaking for myself only.

Gentlemen, during my visit to India I gave considerable attention, as far as I could in the time at my disposal, to informing myself as to the condition of affairs in the Indian Medical Service. I was partly influenced by the fact that I was to have the honour of meeting the Deputation when I returned home, and that it was my duty to be prepared to say something to them that was worth their trouble to hear. Secondly, I knew already—and knew still more when I had been a short time in India—the unsatisfactory condition of affairs in the service. Nobody could have listened to the leaders of a great profession as I have listened to them this afternoon, and heard of their inability to advise students to enter the Indian Medical Service under present conditions, without realising that that was a situation which must give rise to the greatest apprehensions among those who were responsible for the future of the service, and must reflect a very unsatisfactory state of affairs in the service itself. Gentlemen, I was anxious to do my share in removing those grievances and apprehensions from a service which, as Colonel Elliott has said, has so proud a history of imperial achievement—an imperial achievement which I think has never been shown more remarkably than in the contribution to our cause during the four years of war. Perhaps the fact that many years ago I approached some way towards the portals of your profession as a medical student has given me a special and peculiar interest in problems of this kind. But I think more important than any other consideration is the underlying fact that I hold for the time being a position which imposes upon me the duty of considering in all its aspects the welfare of the Indian Empire. The problem which we are confronted with to-day is not a question of doing something for the medical professions; it is not a question of doing something for the Indian Medical Service; it is a question of doing something for India by ensuring a supply of good doctors. It is hardly worth saying—it is a platitude—that this is a vital necessity. Just as India cannot to-day, or, so far as anybody can see—I was going to say for ever—do without the services of those who help to govern her, so India cannot command the services of those who help to govern her unless the Europeans who carry the burden of the Empire in India can be supplied with the best expert medical aid. And therefore, as you, Sir, rightly said, the Indian Medical Service can be regarded as the pivot upon which all other Imperial Services in India depend. But, over and above that, the Indian Medical Service is a service on which India is mainly dependent for the satisfaction of all its manifold medical and sanitary requirements and also—and not least—for the education of future generations of medical men in India. I therefore think it is an essential part of our duty to see that the Indian Medical Service should not be allowed to deteriorate, and I can assure you that I am determined to do everything I can to provide for India a Medical Service of the highest quality obtainable, a service that will be able to do its work, a service that is content with the conditions under which it works, and therefore a service whose work will be in keeping with the great traditions of the past. Therefore I am particularly anxious to express to you my gratitude for your assistance, and my threat that I shall ask the British Medical Association, in the months that are to come, for further assistance at every stage, and I shall begin by communicating to the Government of India the text of your observations to-day.

Now, before dealing with some of the detailed points that you made, I should like to state to you, if I may, my views on some of the general aspects of the case. We start by wanting, for the reasons that I have mentioned, an efficient medical service for India, and we desire it at a time when there is a world-wide demand for British doctors at a time when the horrible national necessities of the war are taking boys who would otherwise be medical students and putting them into the army, and at a time when the way in which the members of your profession have put their services at the disposal of the armies in the field, and the casualties which they have suffered must make the supply of

doctors short and the competition for their services, both at home and abroad, great. Therefore, it seems to me that for the reasons I have stated we must have doctors in India for the sake of India. It would be folly of the worst possible kind not to prepare to offer, when peace comes, such conditions of service to the doctors whom we require as to ensure successful competition with the other people who want them as we do.

I need not remind you that the Indian Medical Service is not a purely military service. It has its military side and it has its civil side. In war the military side of the service necessarily altogether overshadows the civil. I believe I am right in saying that no less than 339 officers have been reverted from civil to military duty. This in itself has, I think, aggravated the discontent which all have to admit by abnormal conditions, by the friction which compulsory reversion to military duty necessarily involved, by the misunderstandings about pay, by the opportunity for closest comparison with the Royal Army Medical Corps and, finally, by the suspensions of retirements owing to the necessity of keeping the service up to its maximum strength by the retention of all efficient officers. In so far as discontent arises from these abnormal conditions, I can assure you that both the Government of India and I will do our best to grapple with the difficulties. We have improved the rates of staff pay in the field. We have developed a scheme of accelerated and acting promotion to prevent supersession of Indian Medical Service officers by officers of the Royal Army Medical Corps, and, finally we have made promotions in the place of officers who have had to be retained beyond the normal limit. Details of these steps have already been published in the Press. In addition, two temporary surgeons-general have recently been appointed to meet the special needs of the war, and at this moment we are considering here a proposal of the Government of India to create certain additional military administrative appointments in the Indian Medical Service carrying the rank of colonel.

However, apart from these abnormal conditions, we are really concerned this afternoon in the preparation of conditions for normal times, and, therefore, I want to lay down four governing principles which, it appears to me, must be achieved for those normal times.

First of all, I would suggest to you that a medical man in the Indian Medical Service must be ensured suitable opportunities of what perhaps I may call interesting practice. It must be worth his while professionally and scientifically. It must offer him opportunities of contributing by a wide experience to the knowledge of his profession, and therefore to the possible cure or prevention of the ills from which humanity suffers. I am told that there is no country in the world professionally more attractive than India, and I think, therefore, that the opportunities which the country affords must be at the disposal of those whom we ask to come out from this country to serve her. The application of this principle would make it, I think, impossible, or, at any rate, difficult to separate the military side of the Indian Medical Service from the civil side. I do not wish to prejudge the question, but it would appear to me that neither the military side nor the civil side alone would fulfil the principle which I have just stated.

Then I come, as Sir Berkeley suggested, to the question of private practice. My views on this matter can be very shortly stated. It would be contrary, in my opinion, to this first principle to deprive members of the Indian Medical Service of their opportunities of private practice. The question has recently been most carefully examined, both in this office and in India. It has two chief aspects—firstly, what is the legal position? Has an officer in the Indian Medical Service any right vested in statute to private practice? Secondly whatever the legal position, what is the attitude to this question likely to prove most advantageous to the officials and peoples of India whose servant he is? As to the legal position, I am advised by the authorities of this office—and with this opinion the Government of India, who have gone into the matter independently, agree—that there is nothing in the state of the law at the present time which gives an officer of the Indian Medical Service a statutory right of private practice whether within certain prescribed limits or as a general permission. Government is quite free to make what rules it likes for the Indian Medical Service on this question. I am glad that it is so. It seems to me that it would be an intolerable position for the Government of India as an administrator of a great service to

have its freedom of administration circumscribed in so important a matter. But the practical matter of policy is much more important than the legal position. What is best for the peoples of India and for the service itself? Let me state the position as I understand it. In the first place, the Government has thought it necessary to debar the holders of certain posts from the privilege of private practice. They think it necessary to retain that power, and to exercise it by revising the list from time to time. Secondly, the Government consider that they must retain power to determine the conditions under which the privilege of private practice may be exercised, and to see that the exercise of it does not interfere with the efficient discharge of the officer's duties, and that in regard to professional charges the privilege is not abused. Having considered the matter very carefully, I personally am satisfied that the present arrangement which gives freedom to practise privately within well recognised and quite wide limits, is open to no serious objection, either from the point of view of the interests of the Indian Medical Service or from that of the peoples of India. Their interests in the matter must be recognised. It is arguable—and I for one would certainly argue—that it is to their interests that every possible encouragement should be given to the development of an indigenous private medical profession; it might then be contended that one way of doing so would be to circumscribe the opportunities of Government doctors for private practice or even to take away those opportunities altogether. But, as I have already stated, I could not subscribe to such a view as that. It seems to me better in every way that this indigenous medical profession should grow up in an atmosphere of free competition with highly trained European doctors. Competition of this kind sets a high standard and consequently encourages and maintains a strong connection with western medical schools and methods. I see, therefore, no reason for curtailing the present privileges of the Indian Medical Service in the matter of private practice and many reasons against doing so, chief among which I would say that it would derogate from the principle which I am trying to establish, that the scientific and professional opportunities of the country must be at the disposal of the officers of the service. Of course, private practice must not be allowed to encroach upon public duty. Everybody agrees that the State comes first, but it is in the interests of the State that in the time at his disposal the doctor should benefit by the opportunities of private practice, and it seems to me at this stage, although I cannot express any final opinion, that any abuse of this privilege can be cured by the ordinary methods of service discipline, and I would leave it at that. So much for the first principle.

My second principle is that the remuneration offered to the service should be adequate. Speaking for myself again, I consider that the pay and emoluments of the service are inadequate at present and are admittedly in need of revision. So far as concerns the military side of the service, the introduction of the station hospital system for Indian troops will afford an opportunity of reconsidering the present scales of pay and instituting a comparison between the emoluments of Indian Medical Service officers and those of Royal Army Medical Corps officers under their station hospital system. I regret I am not able yet to announce any decision as regards civil pay, but I recognise the urgency of this side of the question even at a time when so many of the doctors ordinarily on the civil side are temporarily on the military side, and I intend to use the full weight of my authority in pressing the matter to a decision, which, in spite of the difficulties which we all recognise, I consider has been too long delayed already.

The question of leave is closely connected with that of pay and emoluments. Of course there were difficulties in obtaining leave before the outbreak of war. The Public Services Commission considered that the reserve for leave, deputation and training, needed recalculation, and, though it is impossible, during the continuance of the war, to arrive at any satisfactory solution of this question, the Government of India and I are both fully alive to its importance. Improved rates of sterling leave pay for the officers in military employ are under consideration, and I hope will be announced shortly. The *cadre* of the service must provide for an adequate leave reserve, because it is obvious that sufficient periodic holidays at home are necessary for Europeans serving in India.

Now I come to my third principle, and that is that the Indian Medical Service must afford in its organi-

sation increased and increasing opportunities for Indians to enter the service. I am sure you will admit that this is essential if the service is to continue to be firmly established in the respect of the people of India. It is in harmony with the policy of His Majesty's Government as regards all services as expressed by them through me on the 20th August last. The application of this principle means that Indians must be trained either in this country, or—I hope increasingly—by improvement and extension of the opportunities for medical education in India, to enter the service on equal conditions and with equal opportunities of promotion. This involves, among other things, the development of aided schools and colleges in India. I need hardly say, but I ought to say, that the assertion of this principle is not intended to detract from the necessity of keeping an adequate proportion of officers from home, both to supply the needs of the European service and to maintain the traditions of the service.

My fourth principle is that the conditions of the service shall be as free as we can make them from irritation, friction, or annoyance. Now it is not only the correspondence which I receive and which you all, I am sure, receive; it is not only my visit to India that has convinced me—but I think even the most superficial observer would acknowledge—that this condition is not fulfilled at the present time. There is a great unhappiness in the service. Colonel Elliott has brought to my notice something that has been said about threatened resignations. The best way of dealing with that, Gentlemen, is to remove the causes for unhappiness that make people want to resign, and I look forward to the day when Sir Berkeley Moynihan will use his unrivalled opportunities to persuade people to go into the Indian Medical Service, when people will go about their work so happily that nobody will talk of resignation, and when everyone will regret the time when advancing age makes return home necessary. Some of the unhappiness can undoubtedly be cured by attention to the specific points which you have raised, by attention to some of the matters with which I have already incidentally dealt in discussing my principles. But there is one over-riding consideration which Sir Berkeley Moynihan referred to, one matter which, apart from doubts as to the future as regards professional opportunity or pay, seems to me to make for a dangerous state of affairs. It is in the relations between the Royal Army Medical Corps as employed in India and the Indian Medical Service. It does not seem to me to be possible that, with two services the relations of which are so intimate and peculiar as the relations between these two services, you can avoid the friction which is happening from day to day. It is alleged that faults of one are visited on the shoulders of the other, that credit due to one is given to the other, that promotion in one is delayed by the other, that the prestige of one is greater than the prestige of the other, that the claims of one, or, if I may use an expression which must not be taken too literally, the grievances of one receive better attention than the claims or the grievances of the other. Is not this—I put it forward very tentatively—inseparable from the maintenance of the two services, side by side, as separate organisations in India? I do not now express a positive and definite opinion as to which of the two services should be absorbed in the other, or what name you should give the new service. That must depend largely upon other considerations which will be determined by the events of this war. I do not even now say that "absorption" is the right word to use. What I do say is that the two services must be considered together with a view to promoting harmony and with a view, so far as possible, to achieving unification. I think that this means a drastic reorganisation of the Indian Medical Service, and a drastic reorganisation of the relations of the Indian Medical Service to the Government, which you, Sir, mentioned. I think we should be prepared for this and that we should be ready with some scheme of reorganisation for the time when recruiting starts again in full swing after the war, and I think that that reorganisation should proceed with the view and intention of ensuring the four principles that I have just enunciated.

I have already brought my views on this matter to the attention of the Government of India, and I assure you that I shall continue, despite their great preoccupations, to do so. I discussed the matter with prominent members of the Indian Medical Service and with the military authorities in India, and my conviction that prompt action was necessary was confirmed by all that

I heard. I do not mean by "pressure" that pressure on the Government of India is necessary, for I am satisfied, and I know that their actions will show, that they realise the urgency of the case as much as I do. All that I mean is that from this side, as I know from their side, we will not lose sight of the matter or let the grass grow under our feet. I am sure I may hope that when we are preparing our scheme, when we are formulating our new organisation, the British Medical Association will give us the benefit of their advice, because I am very anxious that whatever scheme is adopted should have their approval.

Gentlemen, I am afraid I have taken up a great deal of your time, but if you have not completely lost patience I want to deal with one or two points which I have picked out, not because I have omitted the others from the considerations that you have brought before me. I need hardly say that I entirely agree that the Secretary of State, the Government of India, and the local Governments require and should take all suitable means to obtain the best and most accessible advice obtainable on the very various medical and sanitary problems with which a modern Government is called upon to deal. As you are aware, the duties of the medical personnel of this office were considered by my predecessor, and more particularly defined. The Secretary of State's Medical Adviser, who has recently been liberated from the routine duties of the Medical Board, has now powers and responsibilities which are as particularised in your representation. The Medical Adviser acts also as an Appeal Board when required. So much for this office. The exact relations between the Government of India and the local Governments and their respective Medical Advisers I feel I must leave to be worked out locally; but I propose, as I said before, to communicate a copy of the proceedings of this deputation to the Government of India at once, so that the whole question may be fully considered by the authorities in that country.

As regards education and recruitment, you recommend three things,—firstly, that candidates from India should be required to undergo a period of training in British medical schools especially in the diseases of women and children; secondly, that successful candidates for the service should be encouraged to hold resident hospital appointments—I think you said "made to hold"—.

Sir Berkeley Moynihan.—Yes, Sir.

The Secretary of State.—And, thirdly, that facilities for study leave or study periods are of great importance. I am in full agreement with your association as to the first, that all members of the Indian Medical Service should have had training in the diseases of women and children. As regards the suggestion that training must necessarily be in British medical schools, you will no doubt recall that the Public Services Commission made a specific recommendation that such training should be required, and remarked that the means for acquiring it are lacking in many parts of India. In so far as this deficiency exists in India, I agree that the training must be acquired in this country, but I look forward with confidence to the time when India itself will provide facilities for an all-round medical training. I also entirely agree that it is desirable that successful candidates should, to as full an extent as the exigencies of the service may permit, have held resident hospital appointments. Full provision for their being seconded for this purpose already exists.

As regards study periods, I am fully alive to the advantages they offer, and in the year before the war no less than 80 officers went through these courses of study and only the war has put a stop to them. This leave carries allowances with it, and is not debited against ordinary leave. It qualifies now for accelerated promotion where evidence is produced that the course of study undertaken has been properly pursued. I will bring your suggestions, Sir Clifford, specially to the notice of the Government of India. The importance of affording officers opportunities, during the early part of their service in India, of attending the practice of hospitals in the Presidency and other large towns is one

of those questions which must necessarily await the return of normal conditions.

Then when you talked of recruitment you observed that the grant of permanent commissions by selection should be kept within the narrowest possible limits, and that it should be made plain that the grant of temporary commissions in the Indian Medical Service should carry with it no guarantee of subsequent permanent appointment. As regards the second point, there is a clause in the agreement which every temporary officer is required to sign, which perhaps I may quote to you:—"I accept this Agreement on the understanding that it confers no claim to permanent appointment to the Indian Medical Service." At the same time it must be obvious that a man's record of temporary service rendered under the exacting conditions of war will be a most valuable criterion of the qualities of initiative, self-reliance, and pluck which are so necessary in the case of a service like the one we are discussing. I am heartily in agreement with your view that the appointments made by selection should be confined within the narrowest possible limits. I think I can claim that the actual number of appointments made—36—since the institution of the Selection Committee in the autumn of 1915 fully proves that the pledge publicly given at the time when the Committee was established, namely, that appointments would be made only to provide for the absolutely indispensable needs of the service, has been fully adhered to. The composition of the Committee is, I think, a sufficient guarantee that no candidates have been appointed who did not fully come up to the standard of success demanded by competitive examination. In the great majority of cases candidates, in addition to academic distinction won,* had proved their fitness by service well rendered in the field. My only anxiety is that as the war goes on the number of appointments which it will be necessary to make at its completion, or so soon after as it may be possible to fill up the depleted cadre of the service, continually increases. At present the estimate of such appointments reaches the minimum number of 150.

There is only one other topic upon which I should like to say a word, I can assure Sir Clifford Allbutt of my sympathy with everything that he has said about research. Sir Pardey Lukis established the Research Association, and the *Journal of Research* bears witness to its work. It is only a few weeks ago since I myself visited the Parel Laboratories in Bombay, where Colonel Liston is conducting such good research work, especially on plague and serums generally, and I am sure you will admit, as you stated when you opened the proceedings this afternoon, that there are many examples of valuable research being done in India. You and I are in complete agreement in thinking that opportunities for research and reward for research form an important part in the considerations which are necessary to ensure a good medical service in India.

Gentlemen, that is all I have to say to you this afternoon, and I am sorry to have detained you so long. What I have said has been more in the nature of a frank expression of my own views than an attempt to formulate in detail a new policy. I have to repeat that both the Viceroy and I who have only recently been discussing this subject together, are fully alive to the importance of the problem which you are here to present to me, and I am awaiting the proposals of the Government of India. I feel optimistic; and I have no doubt that, with the assistance which I am sure you will give us, with the medical advice which he and I have at our disposal, we shall find a solution which will put an end to the present unsatisfactory condition of affairs, which will ensure for India the medical assistance which she needs, and which will ensure a future for your profession in that country as worthy and as important as its past history.

Sir Clifford Allbutt.—Will you allow me, Sir, to thank you not merely for your great courtesy in receiving us this evening, but for the very full and careful consideration you have given to our views?

(The Deputation then withdrew.)



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